

A Case Study of Global Brigades

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Table of Contents

Chapter 1: Introduction.....	2
Chapter 2: Literature Review.....	22
Chapter 3: Comparing Global Brigades to the Ethical Principles of Medical Outreach.....	37
Chapter 4: Comparing Global Brigades to Common Medical Outreach Critiques.....	63
Chapter 5: Conclusions.....	83

Chapter 1: Introduction

“We are grateful for all the universities from the United States because you have come here to change our lives completely. We are poor families and we do not have enough economic resources to do the things we need to do at home so you come here to support us with public health and medical brigades. And all the houses, we are grateful to you. Welcome to our communities and homes” (Mira 2015).

I listened to the Global Brigades Basic Sanitation Committee Treasurer welcome us to her community of El Hatillo on that hot summer day in Nicaragua. I was glad to hear such encouraging words about the public health projects that Global Brigades had finished building in El Hatillo. My intern group had just finished a morning full of family and community surveys in El Naranjo to evaluate what households were ready for these public health projects next. How I got here is another story.

My first year as an undergraduate student at the University of North Carolina at Chapel Hill, I was looking for an organization that I could be a part of in order to get to help people in developing countries. My goal at the time was to eventually become a physician for Doctors Without Borders so I wanted to find a program with a similar mission. I ended up selecting Global Brigades out of what seemed like a thousand different international medical opportunities. I honestly do not even remember why I chose it. Long story short, I end up applying and becoming a brigader (what Global Brigades calls it student volunteers) on the Medical Brigade in Panama during Spreak Break 2013. I really enjoyed my time in Panama: shadowing physicians, learning about tropical diseases, being exposed to indigenous communities, and knowing that we were helping to treat people that had walked several hours just to come to our medical brigade. So I decided to apply and become a Global Brigades Global Health Research Intern that summer of 2013 before my sophomore year of college. Here is where my whole path changed. Since the internship program had us in Panama for four weeks,

we got to see what other work Global Brigades does in communities. I realized that Global Brigades had a holistic model that they used in their communities that incorporated not only medical brigades but also eight other programs (dental, water, public health, environmental, engineering, business, microfinance, and human rights). All of these different types of brigades operated in the communities Global Brigades worked with in order to improve the health of community members from all angles. I was enamored with this unique approach and the priority I learned that Global Brigades placed in making these programs sustainable. I also witnessed first hand the collaboration that Global Brigades had with the Panamanian communities as most of the four weeks, our intern group walked house to house asking community members what their needs, wants, and dreams were for their community. Global Brigades wanted this information in order to know what next steps to take with their program.

The holistic model changed my outlook on my future job and I realized I was more interested in prevention and public health rather than medical care. So I switched my major from Biology to Global Studies (with a theme concentration in Global Health and Environment) and here I am today writing this honors thesis. I have continued working with Global Brigades as the President of the Nicaragua Medical/Dental/Public Health Hybrid Brigade during my junior year and now serving as the Global Brigades UNC-CH Chairperson during my senior year. As Chairperson, I oversee all the presidents of all the brigades that are a part of UNC Global Brigades (medical, dental, engineering, public health, business).

When it came time to pick a topic for my Global Studies Honors Thesis, I immediately knew that I wanted to study Global Brigades. I had spent essentially my whole undergraduate career volunteering for the organization, but I had a lot of ethical questions on how it compared to the concept of “voluntourism” and to other organizations that are in the same field. Through

my classes and interactions with my fellow students, I was aware of the criticisms of “voluntourism” that involved the white savior complex, Western colonialism, unskilled volunteers, etc. So my goal was to see how Global Brigades measured up under this criticism broadly.

Voluntourism

An accepted definition of “voluntourism,” or volunteer tourism, is “those tourists who, for various reasons, volunteer in an organized way to undertake holidays that might involve aiding or alleviating the material poverty of some groups in society, the restoration of certain environments, or research into aspects of society or environment” (Wearing and McGehee 2013). Essentially, it involves volunteers who go to different countries for tourism and for “doing good” such as teaching English, building homes, etc. Voluntourism has grown exponentially over the past 20 years with an estimated 1.6 million people participating in volunteer tourism worldwide annually (Wearing and McGehee 2013).

Medical brigades (also called medical outreach, medical trips, medical outreach trips, medical voluntourism, medical tourism, medical volunteer work, short-term medical volunteer work, global medical work, medical service trips) have become an essential component of voluntourism. A medical brigade is “a group of people travelling from a developed country to a developing country, for a short period of time, with the express purpose of providing healthcare in impromptu clinics” (Bradke 2009). The missions generally consist of undergraduate or medical students that work with physicians, pharmacists, and sometimes dentists to provide medical treatment to community members. The goal of these medical missions is typically to provide acute medical treatment for a large amount of impoverished citizens in developing

countries that usually do not have access to healthcare for whatever reasons (government, funds, etc).

Since the phenomenon of voluntourism and medical brigades is somewhat new, the majority of research that has occurred in this field has really only happened with the past 15 years. At first, much of the research praised voluntourism, its altruistic motives, and positive impacts. However, in the mid to late 2010's, there was a shift in the literature with an emerging body of research that highlighted the negative impacts of voluntourism, such as its tie to colonialism and development and ethical problems (Wearing and McGehee 2013).

Medical brigades have been involved in this cautionary research. Some academics have described medical missions as “harmful, self-serving interventions that neglect to address communities’ needs and priorities”(Bradke 2009). The medical missions are critiqued for not providing follow-up treatment, forcing Western dependency, and having a lack of regulation (Decamp 2007). Since the medical missions generally only last a few days, they are viewed as unsustainable and not a long-term solution to improving healthcare in developing countries (Bradke 2009). Medical missions are also criticized for not forming relationships with the communities they work in and therefore, not understanding what the community members need or desire (Sykes 2014).

As many of these critiques are valid, I wanted to see if they would apply to Global Brigades. Global Brigades affects the lives of its staff, volunteers, and community members with its work and thus, needs to be evaluated in order to establish if it's making a positive impact. Therefore, I have decided to focus my thesis topic on understanding if Global Brigades is ethically working to improving the wellbeing of the communities it works in. Improving wellbeing can be defined as improving health, offering more disease prevention through public health

measures, or strengthening the local economy. I believe my thesis will fill a hole in the literature as little attention has been focused on the ethical issues of undergraduate students volunteering for medical missions. Most attention has been placed on ethical issues of the medical mission in general or the role of medical students on these medical missions.

Global Brigades

Global Brigades (GB) is an “international non-profit that empowers communities to meet their health and economic goals through university volunteers and local teams”. It is the world’s largest student-led global health and sustainable development organization (Vision & Mission | Global Brigades n.d.). Global Brigades works with rural communities in Honduras, Nicaragua, and Panama and with university Global Brigades “chapters” throughout the country. Since 2004, Global Brigades has mobilized more than 47,000 volunteers to support 500,000 community members in Central America (Volunteer Information Packet 2015). Just in 2015, there were 428 brigades with 8,787 volunteers (George 2016).

Global Brigades Honduras has 85 community partners and 33 full-time and 150 part-time local staff. The programs implemented in Honduras are business, dental, engineering, medical, microfinance, public health, and water brigades. Global Brigades Nicaragua has 25 community partners and 15 full time and 60+ part-time local staff. The programs implemented in Nicaragua are dental, medical, microfinance, and public health. Global Brigades Panama has 43 community partners and 25 full time and 80+ part-time local staff. The programs implemented in Panama are business, dental, environmental, human rights, medical, microfinance, and public health. The brigade programs in each country differ depending on the needs of the country (Where We Work n.d.). (Note: microfinance and business brigades have recently decided to merge so they can be used interchangeably when discussing them since they have the same program; also, engineering

is the newest program and sometimes is just grouped under the water brigade since they are doing engineering for the water projects)

The brigades are led by university volunteers and organized by university Chapters from the US, Canada, UK, Ireland, and Germany. While in country, brigades work with Global Brigades employed local staff to perform projects alongside community members. The brigades are 7-9 days long and cost the price of a flight to Central America + Program Contribution. The Program Contribution varies by country and amount of days (Volunteer Information Packet 2015):

Destination	United States
 HONDURAS	780 USD - 7 Days 960 USD - 9 Day Hybrid
 NICARAGUA	950 USD - 9 Day Hybrid
 PANAMA	890 USD - 7 Days

Brigaders follow a pre-planned itinerary. The following is a sample itinerary from a 9-Day Medical Brigade in Honduras (What to Expect on Your Medical Brigade n.d.):

Sample Itinerary

Honduras 9 Day Medical Brigade - Sample Schedule

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
6:00pm	Airport Pick up & Transport to Lodging Facility	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
7:00am		Transport to Community	Transport to Community	Transport to Community	Transport to Community	Transport to Community	Transport to Community	Transport to Community	Breakfast
8:00am									
9:00am		Community Health Workers Home Visits	Medical/Dental Clinic	Medical/Dental Clinic	Medical/Dental Clinic	Public Health Project Construction	Public Health Project Construction	Public Health Project Construction	Transport to Airport & Airline Check-in
10:00am									
11:00am									
12:00pm		Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
1:00pm									
2:00pm		Medication Sorting	Medical/Dental Clinic	Medical/Dental Clinic	Medical/Dental Clinic	Public Health Project Construction	Public Health Project Construction	Public Health Project Construction & Charlas	
3:00pm	Settle In								
4:00pm	Introduction to Brigades	Transport to Lodging Facility	Transport to Lodging Facility	Transport to Lodging Facility	Transport to Lodging Facility	Transport to Lodging Facility	Transport to Lodging Facility	Transport to Lodging Facility	
5:00pm									
6:00pm		Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	Free Time	
7:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
8:00pm	Medical Introduction	DI Tutorial & Reflection	Reflection & Data Input	Reflection & Data Input	Reflection & Data Input	Reflection	Reflection	Reflection & Fiesta!	

History of Global Brigades

Global Brigades operated as a branch under the organization, Sociedad Amigos de los Niños, in Honduras from 2002-2007 by helping to run their medical brigades department. The first medical brigade happened in 2003 through a group of Marquette University students and the representative for Sociedad Amigos de los Niños, Enrique (Quique) Rodriguez (current Vice Chairperson of the GB Association Board and Founder & Founder and Executive Director of GB Honduras). One of these original Marquette students, Duffy Casey (Co-Founder of GB), paired up with Arman Nadershani and Liran Amir through a mutual brigade friend (Shital Chauhan) to find the non-profit company Global Medical Relief, Inc (GMR) in 2003.

In 2005, GMR disbanded due to conflicts and Duffy Casey and Quique established the Medical Brigade Department of Sociedad Amigos de los Ninos to continue operations and

programs. Duffy Casey and his friend from the first Marquette brigade, Shital Chauhan (Co-Founder & current Chief People Officer of GB), helped create a new university club with the new name: Global Medical Brigades. In 2006, Global Medical Brigades expanded to 15 chapters.

In 2007, Global Brigades, Inc. was formed in the U.S. as a nonprofit to create a supportive US entity for volunteer services. The Global Brigades Business Program was created in Honduras to provide consulting to small businesses and offer capital to community members to increase family income. The Global Brigades Water Program was created in Honduras to provide clean water to families that were contracting water-borne illnesses(History | Global Brigades n.d.).

In 2008, the Global Brigades Public Health Program was created in Honduras to provide in-home infrastructure projects that addressed diseases caused by sanitation. The Global Brigades Microfinance Program replaced the Global Brigades Business Brigades in Honduras to provide small loans, bank accounts, and basic financial industry upon request. The Business Brigades moved from Honduras to Panama. The Global Brigades Environmental Program was created in Panama to provide waste management and reforestation projects that aid agriculture.(History | Global Brigades n.d.)

In 2009, Global Brigades moved towards a holistic model. The in-country operations are now centralized into regions of focus and “brigade disciplines work together collectively to empower and work alongside community members for a more comprehensive approach with an exit strategy.” Other notable events are the creation of the Dental Program in 2009, the expansion to Ghana in 2011, and the expansion into Nicaragua in 2012. Today, there are over 400 Global Brigades chapters at different universities in the U.S., Canada, UK, Ireland, Germany and Switzerland(History | Global Brigades n.d.).

Global Brigades' Holistic Model

Global Brigades claims to be different from its non-profit competitors because of its 'holistic model.' The holistic model "is a system of collectively implementing health, economic, and education programs to meet a community's development goals". Global Brigades believes they are achieving sustainability through their holistic process that includes six factors. The first factor is research and evaluation, which includes using program-monitoring tools to measure impact. Global Brigades develops a set of short-term and long-term success indicators that it aims to reach for each program (medical, dental, water, etc). The progress of these success indicators are tested with on-going evaluation (Global Brigades' Holistic Model | Global Brigades n.d.). For example, the short-term success indicators for Global Medical Brigades includes providing consultations to 150,000 patients each year with mobile medical clinics who would not otherwise be able to afford or have access to healthcare, provide all 126 community partners with a team of licensed doctors and appropriate medicine at least three times per year, and provide funding for 90% of patient referrals identified on clinic days or by Community Health Workers. The long-term quality of life improvements over the next three years include ensuring that 50% of community partners have year-round primary care access with a resident community health worker, increase the percentage of chronic pain patients to seek consistent treatment to 70%, and increase early detection of cervical cancer by 10% (PROGRAMS | Global Brigades n.d.).

The second factor of the holistic process is the role of Global Brigades' community partnership. "Programs are done 'with,' not 'for' community members." Global Brigades want community members to take leadership roles in its program to have successful community buy-in. The third factor of the holistic process is program preparation. Global Brigades staff "works

with community leaders to establish committees, collaborate with local government, and prepare community volunteers for the program.” The fourth factor of the holistic process was described earlier in my narrative with the implementation of nine different brigade types: business, dental, engineering, environmental, human rights, medical, microfinance, public health, and water. These different types of brigades work together in a community as I will describe later (Global Brigades’ Holistic Model | Global Brigades n.d.).

The fifth component of the holistic process is the presence of Global Brigades Staff Follow-up. Global Brigades Staff works in communities in between when brigades are present to keep up the momentum and help programs be completed successfully. While the brigaders help provide manpower, there is full time Global Brigades staff that work in-country throughout the year. The sixth and final factor of the holistic process is sustainable transition from communities. “Once a community meets their country's success indicators, [Global Brigades’] relationship evolves from continuous brigades into a partnership of follow-up and guidance. Success includes a direct funding model within the community to maintain and progress programs.” (Global Brigades’ Holistic Model | Global Brigades n.d.).

Program Implementation through Interdisciplinary Brigades

Steve Atamian, CEO and Co-Founder of Global Brigades, explains Global Brigades’ Program Implementation in three tiers. Tier 1 consists of medical and dental brigades and is viewed as “relief work.” However, these medical/dental brigades serve as a good springboard into other programs as they help start a relationship with the communities GB works in. According to Steve Atamian, these brigades build trust, allow GB to collect data on community members, and identify community leaders who want to work with GB.

Tier 2 builds on to Tier 1 with development work that focuses on infrastructure. The brigades under Tier 2 are water, public health (sometimes under tier 3-explained later on), and business brigades (Atamian 2015). The mission of the water brigade is to “empower communities to access increased quantities of clean water through infrastructural development, water treatment, community leader training, and education.” The public health brigades’ goal is to prevent common illnesses through in-home infrastructural development (clean-burning stoves, cement floors, showers, water storage, and latrines), community leader training, and health education. The Business Brigade is “providing access to financial resources via the creation of a community based credit & savings cooperative, financial literacy education, and micro-enterprise development & counseling” (Global Brigades’ Holistic Model n.d.). GB helps to create community banks, or Cajas, that allow for community members to take out loans and start savings accounts. After the medical brigade, a holistic community will have the Water Brigade implemented. The Business Brigades are implemented following Water Brigades and simultaneously with Public Health Brigades.

In the beginning phases of GB working in communities, student subsidize the costs of the public health projects for the community members through the program contribution fee they pay to go on the brigade. Therefore, families only pay 10-20% of the public health project up front to the Caja and students pay for the rest of the project. However, Steve Atamian claims that a fair critique of this public health brigade model is that GB is

“potentially subsidizing [the public health projects] too much without enough discretion to really make sure the higher subsidies are only going to the community members with the most need so the families that can afford it have the opportunity to purchase the latrine/other projects more on the open market. So we are not just having communities waiting for Global Brigades to come to the community until they buy a latrine.”

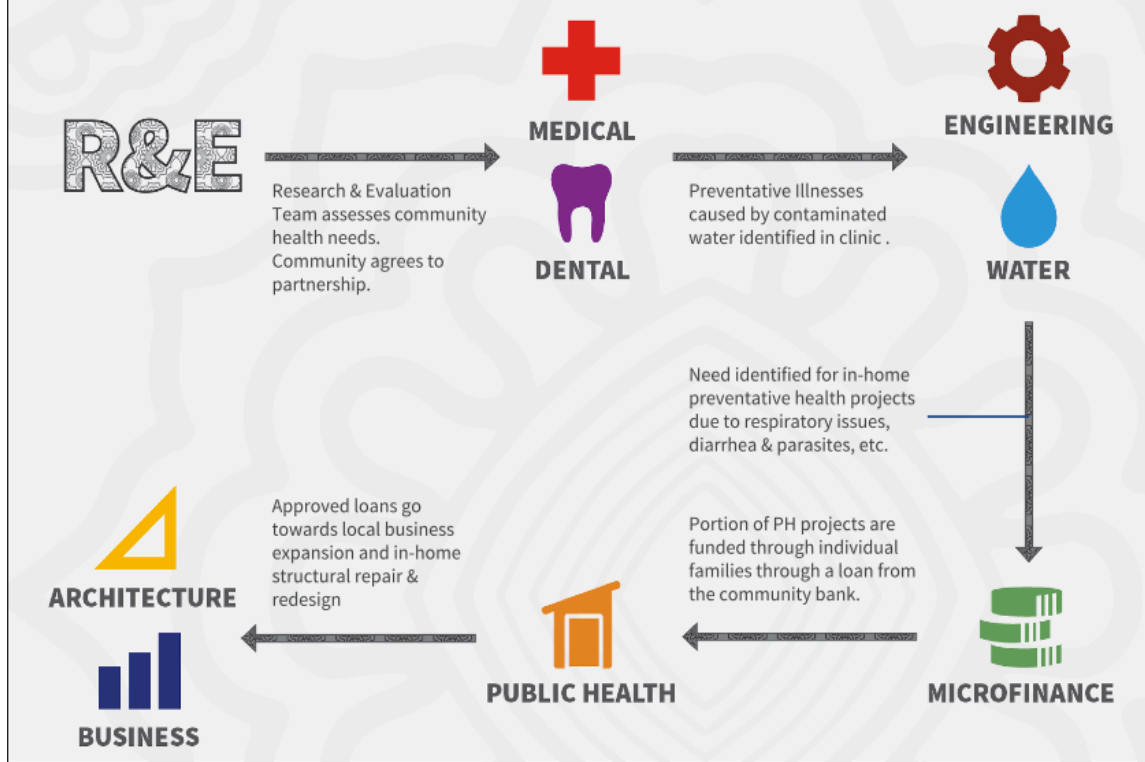
Hence, the importance of Business Brigades. If families have access to capital through the Business Brigades' Caja and have water through Water Brigades, then they can take out a loan through the Caja to hire local masons in the community who have been trained by GB to mix cement and build their own latrine. Through this holistic model, community members are able to build their own public health projects with or without students being there all year round (Atamian 2015).

Tier 2 of Global Brigades is getting a big financial boost this year through a major grant with the Inter-American Development Bank and PATH. PATH is currently "trying to find commercialization strategies for these public health goods and services so that families have the opportunity to finance them, obtain them, and slowly pay them back through microfinance programs." Therefore, PATH has decided to grant Global Brigades enough money to go from 10 communities in Honduras with Cajas to 50 communities in 3 years, ultimately affecting 3,000 homes. With the creation of more Cajas, more community members can gain access to credit or loans at a reasonable interest rate in order to create more public health projects. The grant helps give Global Brigades international credibility and serves as a formal announcement of GB on the health and development scene. Through these programs, Global Brigades will be able to strengthen the effectiveness of its on the ground team and have year round projects that do not depend on students or their money. However, in order to fully accomplish creating these Cajas and providing financial literacy education, more brigaders are needed for the Business Brigades program. The Business Brigades program is Global Brigade's smallest program with the least amount of chapters. Steve Atamian notes that the only way that families can increase its income and completely round out this Holistic Model is through a stronger volunteer base in Business Brigades (Atamian 2015).

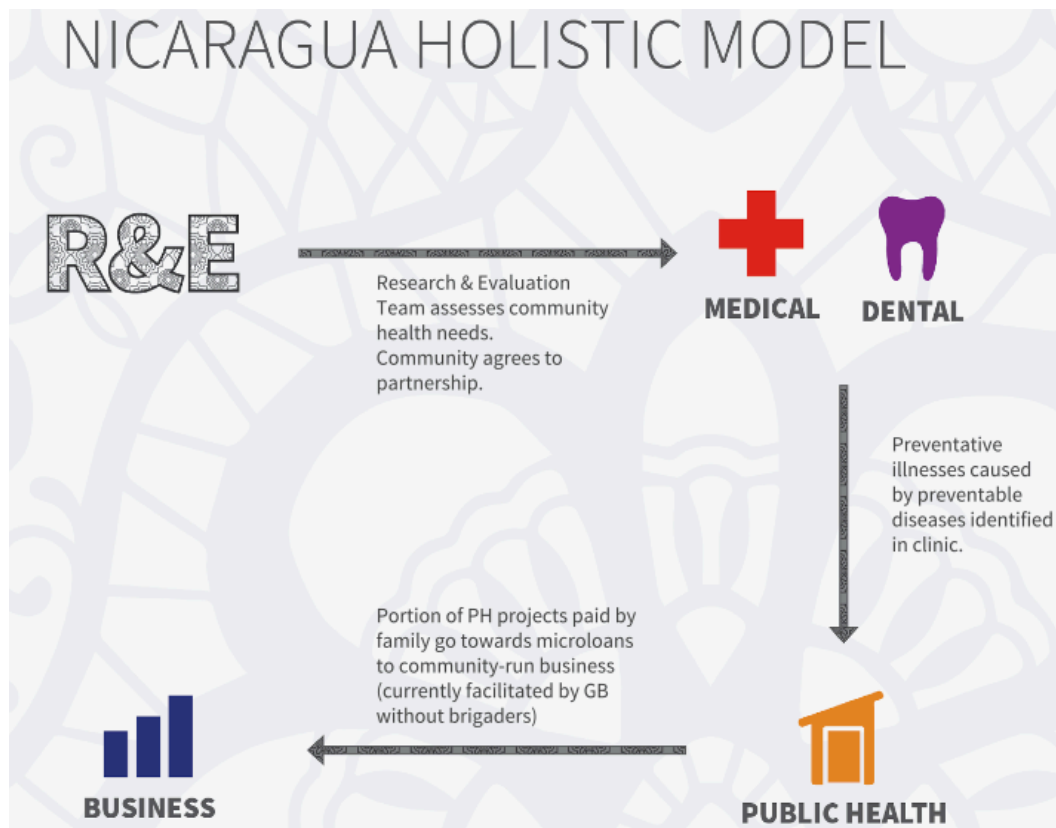
Tier 3 involves GB getting more involved in the economic activity of coffee agriculture in its communities. GB is developing partnerships with its communities by helping the coffee farmers improve their coffee practices, combining the farmers to sell their coffee in groups, and finding a market for the farmers to sell their coffee in the United States. The market GB has created to sell in the U.S. is through its own coffee, Café Holístico. GB is helping to increase the purchase price of the coffee crops from the farmers it works with by cutting out the middleman and partnering the community members directly with coffee shops, Café Vega and Stone Creek Coffee. Under Café Holístico, the farmers in the GB communities are making 400% more than they were through their previous supply chain. Therefore, Tier 3 is helping to directly increase the income of the GB community members as coffee is grown in 30-40% of the communities that GB works with in Honduras and Nicaragua(Global Brigades Campus Chairperson Conference 2015).

Global Brigades Holistic Approach, specifically its Program Implementation through Interdisciplinary Brigades, addresses the health and economic aspects of the communities in order to create sustainable change. Here is a diagram of the Holistic Approach that is taken in Honduran and Nicaraguan communities (Global Brigades' Holistic Model n.d.).

HONDURAS HOLISTIC MODEL



(Note: Architecture Brigades are no longer occurring)



Global Brigades Literature

To my knowledge, there has only been one study completed that explores the organization Global Medical Brigades specifically. The study is a focused critique and ethical analysis of Global Medical Brigades by Amanda J. Bradke for her Masters Thesis. She uses her personal brigade experience as a basis for her critiques of Global Medical Brigades and medical brigades in general. However, it should be highlighted that Bradke went on the first Honduras medical brigade organized by undergraduates at the University of Michigan. The brigade was actually based through a student group called Biotechnology Education on Campus and was coordinated through Sociedad de Amigos de los Niños (the original organization described in the history section). Bradke says that one of the coordinators from her trip went on to create Global Medical Brigades so she believes her experience is similar and was the start of Global Brigades. I would argue that her analysis is not fully comparable to how Global Medical Brigades operates

now since she went on the brigade at least seven years ago with an organization that was not technically Global Brigades. Also, Global Medical Brigades have student groups on campuses now (including at University of Michigan), so some third party student group like the one Bradke worked with do not run and plan brigades anymore. Finally, the holistic model was not part of Global Brigades when Bradke wrote her thesis since the organization had not even been technically founded yet. Therefore, I believe that my thesis will provide an updated analysis on how Global Brigades runs now. For comparison sakes, I will briefly discuss the critiques Bradke raises about Global Medical Brigades because some may still be applicable today.

The first critique that Bradke has is that the overall operation of Global Medical Brigades is not clear-cut. She states it is not evident how Global Brigades selects the communities it works in, how often the medical brigades see these communities, how the communities are contacted, and how Global Medical Brigades presents itself to communities pre-brigade. The second critique is that the patients are aware that they might not have access to a medical brigade again in the foreseeable future. Therefore, when being treated by the physicians, patients list off any symptoms they had in the past so they will be given prescriptions that they can use if past medical conditions arise again while the medical brigade is not present. Bradke argues that this system makes it hard for the physicians to provide an accurate diagnosis¹. The third critique is that the medical brigades have a limited amount and selection of medications that they can give patients since they only obtain medications through donations. Also, since the medications are donated, they are often newly expired or samples from drug companies and are not effective when the patients use them². The fourth critique is that students with limited Spanish knowledge were encouraged to explain to patients the instructions for their medications instead of the

¹ (Bradke 2009)

² (Bradke 2009)

pharmacists and the prescription instructions were not written down. The fifth critique is the language barrier between physicians and patients. Most of the physicians and students spoke English while most of the patients spoke Spanish. The sixth critique is that the brigades move at such a fast pace in order to see the most amount of patients that there is not enough time for patients to ask questions about their medical conditions. Also, patients might feel uncomfortable asking questions because of the presence of students in the clinic. The seventh critique is that many of the foreign volunteer physicians that went on the brigade had never been to Honduras and did not have experience working with developing communities. Bradke argues that just because physicians are skilled in medical interventions in their native country does not mean that they know what is appropriate or common in the Honduran communities. The eighth critique is that the medical brigade does not work with existing health care personnel in the community they enter. So although the free medical care is great for community members, it is harmful for local practitioners in terms of losing service (Bradke 2009).

From personal experience and my research, I do not believe any of these critiques to be currently valid. I wanted to make the reader aware of these critiques so they know they are present, but I did not want to include them in my literature review as I do not find them justified and most of them are minor issues instead of large principles. I will discuss many of these topics subtly throughout my thesis, but I will not explicitly point out that I am addressing Bradke's critiques.

Thesis Outline

In this thesis, I aim to explore whether Global Brigades is ethically working to improve the wellbeing of the communities it works in. Since many medical missions are scrutinized because of their inability to address the underlying factors of health, I plan to investigate whether

Global Brigades' holistic model is a more ethical method than a simple medical brigade in helping to improve health in communities. Ultimately, this thesis will work to address what is an ethical model for medical brigades to follow and what factors make it worthy of this label.

In the next chapter I review the literature on medical missions in order to understand what the scholarly community believes makes a medical intervention in developing countries ethical and effective. I will explore the benefits, justification, and need for ethical review in medical brigades. I will also describe the more common medical mission critiques and the ethical principles that are necessary for these critiques to be targeted. Ultimately, with the goal of getting a fuller grasp on what characteristics do and do not contribute to a successful medical brigade. I will also delve into the literature on the motives behind volunteers wanting to go on medical missions and how this relates to their views of the medical missions. The last topic I will review is the role of medical brigades in contemporary development practices and their connection to colonialism.

In the third chapter, I will focus on the effectiveness of Global Brigades' Holistic Model. I will analyze Global Brigades based on the ethical principles established in the literature review and the values GB upholds: empowerment, holistic approach, sustainability, scalability, financial transparency, and collaboration. In the fourth chapter, I will analyze the ethics of Global Brigades and how Global Brigades relates to critiques on unskilled volunteers, voluntourism, and development. In the fifth and final chapter, I will conclude with the implications of my research. I will reflect on whether Global Brigades can serve as a model for other medical brigades and what further research needs to be done in this field of study.

Methodology

This case study of Global Brigades serves as an in-depth analysis of the GB Holistic Model and its impact on the communities GB works in. Using my connections with Global Brigades as a Campus Chairperson, Chapter President, brigader, and intern as valuable resources, I was able to explore Global Brigades from an inside perspective in order to answer whether Global Brigades is an ethical and effective organization. While I must acknowledge my bias in this situation as I have volunteered and continue to volunteer with Global Brigades, I tried my absolute best to remain fair. I believe this type of in-depth research was only possible through practicing participant observation.

In order to conduct additional research into how Global Brigades functions, I applied and was selected to be a part of the Global Brigades Health and Sustainability Institute in Nicaragua from June 27- July 17. I worked as an intern along 11 other people that varied in age from 19 to 23. Some interns had been presidents of their brigades and others had never been on a brigade before. I was able to use the discussions we had as an intern group with GB advisors to get their perspectives on if GB is ethical and effective as well as how it relates to critiques of voluntourism. Through creating community and family profiles in the communities that GB works in, I was able to understand how GB forms and maintains relationships with communities. I was also able to interview the community members that GB works with during the internship to get their opinions on GB's work in their communities. As interns, we were given presentations by GB staff that I used to in order to understand their perspectives on Global Brigades. These presentations were from Dr. Nelson Antonio Lugo Marengo (Head of GB Nicaragua), Steve Atamian (CEO and Co-Founder of Global Brigades), Heriberto and Alex (Co-Public Health Coordinators in GB Nicaragua), and Jairo (Coordinator of GB Nicaragua Institute). I was also able to visit Nicaraguans health posts and centers to see how they work with Global Brigades and

determine if GB is working with them in an effective way. More generally, I used participant observation in order to further understand how Global Brigades operates on a day-to-day basis and explore how the Holistic Model runs in person.

After the Global Brigades Institute, I attended the Global Brigades Campus Chairperson Conference at Marquette University from September 18-20, 2015. During the Conference, I was able to learn more about the ethics and effectiveness of Global Brigades from Steve Atamian and Luke Namer (former GB Creative Manager). Through this connection, I had an open, ethnographic interview with Luke in November 2015 on his experience with GB and his research with GB community members. I also interviewed Ben Erker, Honduras Program Manager, in November 2015 about how the Holistic Model runs in Honduras.

Additionally, this spring 2016 I interviewed four former brigaders over email to discuss their opinions on Global Brigades. They include the Acadia University GB Chairperson, University of North Carolina at Chapel Hill Public Health Brigade President, University of North Carolina at Chapel Hill Education Chair, and a former Global Medical Brigader/Intern.

Through these interviews, presentations, and experiences, I have been able to collect research that will help to answer the overall question of whether Global Brigade's Holistic Model is effective and ethical. I have limited my research to the GB programs that take place in the countries of Nicaragua and Honduras as my internship and interviews consisted of people in these two countries.

Chapter 2: Literature Review

In this chapter, I will review the literature on the ethics of voluntourism. While my focus is on short-term medical brigades, the ethical issues involved ring true for all volunteer trips. First, I will delve into the perceived benefits of voluntourism, justification for medical trips, and the need for ethical reviews. Then, I will discuss the criticisms of the medical trips and possible harms that can come from them. Next, I will describe the ethical principles that are needed to guide medical volunteerism trips in order to avoid harm. Finally, I will discuss the tie between medical trips and development theory in order to determine if medical outreach trips can be justified as ethical in a neoliberal society.

Benefits, Justification, and Ethical Review

Many argue that medical brigades bring several benefits. Volunteers benefit from a moral lesson through understanding the difficulty of people in the developing world that face grave poverty (Decamp 2007). The community benefits as many clinics rely on the volunteers to fund their clinics or provide needed medical equipment (Wallace 2012). There is also an intercultural interaction that allows volunteers and community members to feel compassion for the others, build social capital, and learn about different cultures (Guttentag 2009). During the actual medical brigade itself, the patients and nurses appreciate the free and helpful medical attention, caring attitude from the physicians, accessibility of the clinic, latest technology, and collaboration between the healthcare professionals from different cultures (Elysée Nouvet 2015). While all of these benefits are ideal, are they enough to justify the need for the volunteer trips?

Although some scholars claim that these trips are better than sitting by and doing nothing, other academics maintain that the trips are only justified if the benefits outweigh the costs. In “Scrutinizing Global Short-Term Medical Outreach,” Matthew Decamp argues “We are tempted

to act as if *any benefit* counts ethically in favor of the trip, or that simply *intending* to provide benefit is enough. Both are too permissive” (Decamp 2007). Decamp admits that there is little guidance on how to consider benefits of these voluntourism trips and how to know what harms might occur as a result of the outreach on trips (Decamp 2007). In “Does Pre-Medical ‘Voluntourism’ Improve the Health of Communities Abroad?” Lauren J. Wallace agrees with this sentiment, stating that volunteers do not know how to weigh the benefits versus the harms of volunteer trips due to lack of training. The volunteers wrongfully believe that their enthusiasm and labor, rather than experience, is all that is needed to provide medical services that will benefit people in poverty. Essentially, good intentions are not enough (Wallace 2012). In “Medical Tourism,” Lluberas and Bezruchka disagree with this reaction by claiming, “Missionary work may not be perfect, or for everyone, but many of us believe it’s the only way to act when one refuses to sit by and do nothing to alleviate—however slightly—the plight of our brethren. That alone is sufficient justification” (Lluberas and Bezruchka 2001). While they concede there are disadvantages of short medical trips, they believe that using them as the rationalization for not volunteering is wrong and engenders the sense of ill will against Americans abroad. They argue the goal is not to make a difference in a country’s healthcare crisis or prevalence of disease. Justification for these volunteer trips must come from a responsibility towards people and not towards wanting to change public health statistics. If someone’s life is changed dramatically through being saved from a disease or rehabilitated from an injury, then the trips are justified (Lluberas and Bezruchka 2001).

After analyzing the two arguments, it is clear that volunteer trips have different goals and assessment is needed to determine if those goals are achieved. There are many ethical questions involved in this dynamic. Why are there not any regulations on volunteer trips? Should volunteer

trips be allowed to continue as a free for all? Should there be restrictions and regulations on volunteer trips similar to clinical trials? Decamp argues that short-term global medical volunteer work is sometimes viewed as mere charity and therefore, only has to meet the minimal ethical standards in order to be considered running an “ethical” operation (Decamp 2007). Often, charities and non-governmental organizations (NGOs) do not have to answer for the consequences of their actions in the same way of governments and world bodies. With limited regulation, “most NGOs extol the positive benefits of their programs, steps implemented to avoid pitfalls and problems, and conclude based on their self critique that their programs are working” (Langowski and Iltis 2011).

However, Decamp argues that global medical volunteer work is more than just charity when volunteers are involved with collaborating with communities, educating local health workers, and aiming to have a long-term impact on health equity and empowerment. As such, a more systematic and practical ethics framework needs to be created and followed for these trips in order to consider them ethical. Clinical trials in developing countries do not let individuals decide their own guidelines, and Decamp argues neither should global volunteer trips (Decamp 2007). Wallace also points out that the established ethics framework should not legitimize a double standard for medical care. The same ethical guidelines that are present in Western healthcare contexts should be required in developing countries as well (Wallace 2012). Ethical reviews “remain the most important ethical safeguard for this work” and should be conducted starting at the planning stages of the trip all the way until the end. The defined terms of the ethical review should be based on a collaboration between the community members and volunteers (DeCamp 2011).

Possible Medical Mission Harms and Critiques

Now that we have discussed the possible benefits of volunteer trips and the ethical dilemmas involved, the next question is what are the possible harms that can occur from medical missions? The critiques of medical trips need to be understood in order to know what ethical safeguards need to be implemented and reviewed to continue justifying the need for a medical trip.

A first critique of medical missions is that they only provide acute care to patients instead of continued follow-up in communities after the brigade. Only 26% of publications focusing on patients of medical missions report medical mission volunteers participating in post-intervention of a minimum of eight days after the initial consultation (Sykes 2014). Rarely is patient information ever recorded and used on future missions to keep track of former patients. So essentially, even if a mission comes back to the same community (which is rare), the physicians are treating the community members as if they are new patients. There is not any historical context to go off of when treating the patient. Therefore, it is hard to screen and treat chronic illnesses since only a single consultation is guaranteed (Bradke 2009).

A second critique is that when the physicians on medical missions only take care of the current acute problems, then the underlying issues that caused the problems in the first place are not addressed and will remain present. Preventative care, public health interventions, and follow-up care are not present in most medical mission models (Bradke 2009). “If short-term missions devoted more of their budgets to supporting preventative measures, over time, the need for the services they provide would be reduced or even eliminated”(Montgomery 1993).

A third critique is the presence of students on the medical missions. Many undergraduate universities and medical schools have programs where students lead the medical missions. The students initiate and plan for the mission and comprise the large majority of the brigade. The

ethical dilemma that is brought up here is that students, especially undergraduates, do not have adequate medical training to treat patients on the missions and are sometimes left to work alone. This lack of supervision poses a risk when students try to accomplish a task that is beyond their skill level no matter if the student is just trying to help in any way he or she can or if the student is actually being reckless (Bradke 2009). Students that misunderstand their roles on the medical missions could have a difficult time limiting their activities and respecting the skills of local health care professionals (McCall and Iltis 2014).

Even more concerning is when physicians encourage students to step into roles they are not qualified for since there is a lack of resources available on the medical mission. “The medical brigade model itself, which lacks accountability, adequate resources and personnel, and time for appropriate training and action, encourages these types of behaviors in both students and healthcare providers who believe they are doing the right thing for the limited time they are there and the level of poverty they are attempting to ameliorate” (Bradke 2009). The mentality becomes one of believing any medical care is better than no medical care at all. It is concerning if a student undertakes a medical treatment on the brigade they would not be qualified to do in the United States, such as performing specific surgeries. “Allowing students greater responsibilities simply because they are in the developing world indicates a belief that these communities are somehow less and less deserving of an appropriate standard of care.” Not only are these actions unfair for the community members being treated, but they also pose problems for students that later feel guilty over decisions and procedures they were forced to make (Bradke 2009).

A fourth critique is that most medical missions go into new communities without understanding and respecting the local culture beforehand. Instead of forming partnerships to

create ethical and sustainable development projects as the United Nations suggests, the medical mission volunteers seem to dominate over the local community members. After Sykes' systematic review of 67 articles related to medical missions, only one publication mentioned utilizing a needs assessment for the community they treated during the planning process. It is hard for medical missions to form these partnerships since they rarely return to the same community and volunteers are only there for a short period of time (Sykes 2014). Not getting to know the people they are treating creates a way for these interventions to become harmful (Bradke 2009). Western health professionals on the missions that are unfamiliar with common conditions in the area may not know how to treat them, especially with the limited amount of resources that patients usually have access to. Language and cultural barriers also can lead to offense, mistrust, or misdiagnose if respectful engagement does not occur (McCall and Iltis 2014).

A fifth critique is that medical missions are largely unregulated and often lack evaluative procedures. Even though the medical missions' annual expenditure is estimated to be \$250 million, there is a lack of data to prove this money is giving a return on investment. After a systematic review of short-term medical service trips, it was found that nearly 95% of all the publications on the medical missions topic "lack any significant empirical data collection and the outcomes from the interventions that do exist are not well understood" (Sykes 2014). There is no central monitoring group of medical missions so they are not technically held accountable for their actions and limited research is performed on the missions (Sykes 2014). Therefore, it is hard to determine if these medical missions are actually successful. Many of the services provided through medical missions often fail to produce sustainable and tangible benefits for the

communities (McCall and Iltis 2014). However, volunteers are unaware of their effectiveness as there is no evaluation to prove what impacts they have created.

Ethical Principles to Guide Medical Volunteerism

In order to have successful medical missions, these harms and critiques described above need to be addressed when planning. This section will discuss principles that are accepted as fundamental to an ethical global medical volunteer trip. Community collaboration, cultural sensitivity, sustainable change, comprehensive medical outreach and treatment, and evaluation are all core principles that must be followed in these trips in order to make them ethical and combat the usual critiques.

Community collaboration: Since the community members are the ones who will be most affected by the work of the volunteer trip, they should be involved in the planning of suitable programs that they believe will be effective. A collaborative partnership between the volunteers and community members will help to empower the community members and reduce the feeling that they are only recipients of aid (DeCamp 2011). For a volunteer trip to be successful, the projects implemented must target what the community needs and wants in their community. The interventions should use local resources (supplies and people) that address whatever issues are mutually agreed upon to target (Suchdev et al. 2007). Volunteer groups can meet this principle through consulting communities with a needs assessment (Langowski and Iltis 2011) or through working with a local NGO that are aware of the needs of the community and can help facilitate integration of projects (Suchdev et al. 2007).

Cultural sensitivity: In “Medical Tourism as Medical Harm to the Third World: Why? For Whom?,” Steven Bezruchka states that if volunteers feel they must go perform international work, they should focus on one country or region in order to be able to learn the local language

and respect cultural norms. He suggests that volunteers “not further propagation of the US-centered, global monoculture” (Bezruchka 2000). When volunteers have a lack of cultural competency and inability to speak the local language, these language and cultural barriers can pose safety risks to patients (Langowski and Iltis 2011)(Wallace 2012). Therefore, medical trips that have been successful in the past have educated volunteers on the community they are working in and have had a majority of volunteers be able to speak the local language. There should be pre-departure curriculum for undergraduate students to properly prepare for these trips. The curriculum should foster attitudes of humility and awareness as well as teach undergraduates how to respect the local culture (McCall and Iltis 2014).

Another key aspect for cultural sensitivity in a medical brigade is the ability to understand how the sociopolitical context of the community affects its main medical problems (Suchdev et al. 2007). Learning about the local health problems and the systems of traditional and introduced care in the community will help medical volunteers be aware of what issues they will need to address and which effective interventions can be used that are appropriate for the community (Bezruchka 2000).

Sustainable change: The medical trips must be involved in an effort to provide sustainable change to a community. Therefore, the short-term medical outreach of different trips can contribute to this goal, but they should not be the end all solution. Decamp argues there should be a balance between immediate relief work and efforts to affect policy change (Decamp 2007). In “A Model for Sustainable Short-Term International Medical Trips”, Suchdev claims their trips have been sustainable through having an ongoing relationship with the community and working in a single location. The medical trips have worked with the existing systems of care in the community instead of providing care to community members. In this way, the trips have been

able to work with the community and teach community members in order to create sustainable change (Suchdev et al. 2007). The ability for patients to have follow-up care is essential to allowing for sustainable healthcare to occur. Part of sustainable change also comes from offering public health and preventative measures to the community so that not as much medical treatment will be needed in the long run (Roberts M 2006).

Comprehensive Medical Outreach and Treatment: In order for a medical brigade to be ethical, it needs to address community-specific health care needs, put the patients first, provide an appropriate standard of care, and give benefits to patients and volunteers. These goals can be achieved through offering prevention and health education efforts that address the social determinants of health. The medical brigade also needs to pay the community multiple visits in order to provide a way for follow-up care. The medical brigade also needs to have a relationship with the local health care workers in the communities they are working in (Bradke 2009). These medical outreach trips could be creating a dependency on Western medical aid instead of the local health system if they act alone (Decamp 2007). Some scholars believe that Western doctors that set up these short-term clinics in villages that have local clinics are undermining the progress of the existing health system (Bishop and James A Litch 2000). The medical trips are depriving local health care professionals from having patients and in some cases, reducing the confidence of patients in the local providers (Langowski and Iltis 2011). This decreased labor demand creates a lack of financial and vocational benefits in host communities as volunteers are performing the jobs that locals can do instead (Guttentag 2009). Ethical trips should build the capacity of local infrastructure (such as building clinics, offering health care worker training, and empowering the community's voice) rather than displacing local health care workers (DeCamp 2011). It is essential for medical trips to work with the local physicians and health committees

instead of setting up a separate, competing clinic (Suchdev et al. 2007). Collaboration will allow patients to be able to follow up with the local health workers after they are treated by the medical trip because the Western doctors share their consultation information with the clinic.

Evaluation: Throughout the process of the medical trip, on-going evaluation of the effect of the medical outreach on the community and volunteers must occur. “We are more likely to cause lasting harm when we fail to critically evaluate our actions.” The ethical justifications for the trip will help to determine what outcomes need to be met in order for the work to continue (Decamp 2007). Suchdev’s sustainable medical trip completed their evaluation through obtaining regular feedback in the form of qualitative interviews and written evaluations with the local NGO they worked with, local physicians, and health committees. They also developed an IRB approved database of the clinical and laboratory data collected during their annual medical trips to the community. The volunteers were able to use this information in order to determine the effectiveness of their interventions and know what changes needed to be made (Suchdev et al. 2007). Evaluation is key to any medical trip in order to be aware of what components need improvement and to avoid ethical harm.

Motives, Dependency, Development, and “Othering”

An argument can be made that even if all of the above principles are followed and ethical reviews are put into place, medical outreach trips would still not be justified due to their tie into poor motives, development theory, and ‘othering.’ For most volunteers, the primary motivator for going on medical missions is to be able to help people that are less fortunate than them. Some volunteers have never witnessed or experienced the negative situations that the patients are facing and therefore want to “return the favor for all their blessings.” On the contrary, other volunteers have been in or know someone in similar situations previously in life and they want to

help on the medical mission based off of empathy. A large majority of volunteers also relish the social aspects of medical missions including the fun comrade and formation of friendships (Withers, Browner, and Aghaloo 2013). While these altruistic motives are probably true, there also exists an element of self-gratification that pushes volunteers to participate in these medical trips. The motives of the trip should be viewed as more “self-interested altruism” as volunteers want to help others and benefit themselves in the process. On the one hand, there is nothing wrong with volunteers being motivated by personal factors as long as the work is beneficial. There is an argument to be made that projects need to satisfy volunteers’ motives in order to attract participants to sign up for the trips in the first place. However, the volunteers’ desires should not overshadow the needs and desire of host communities. The projects must first be tailored toward the host community’s needs in order to be successful. Therefore, volunteers need to have a balance of appreciating the values of the community while achieving their own motives (Guttentag 2009). Volunteers must come to terms with if they are participating in the medical trip for their own good or for the patients, and whether their actions will cause more harm than good (Bishop and James A Litch 2000). There is a difference between having a desire to serve fellow humans versus just wanting to travel (Lluberas and Bezruchka 2001).

The career and professional benefits of the medical mission motivate undergraduate students to volunteer on the trip. Students believe the trips will provide them with a resume boost and strengthen their applications for jobs and graduate schools because of evidence of volunteer experience and civic engagement (Withers, Browner, and Aghaloo 2013). “In this manner voluntourism claims to convert the cultural capital acquired by undertaking work in a developing country into economic capital in the western employment market...the act of voluntourism keeps on ‘giving’, but not to the poor in developing countries. The beneficiary is rather the voluntourist

herself. Her CV is now differentiated from others in the pile when a prospective employer seeks a new hire with that most fashionable of qualifications, a social conscience” (McGloin and Georgeou 2015). While most employers view CV’s with evidence of international volunteer experience as a sign of benevolence, sometimes these volunteers are more focused on using these medical trips to get ahead in the job market rather than expanding their socially conscience. In order for volunteers to have the best mindset when interacting with different communities, they should concentrate on motives that are more ethical than improving their resume.

The students also looked forward to the prospect of networking with professionals and receiving awards. Particularly the pre-med undergraduate students enjoy being exposed to real world application of medicine and learning medical skills from the physicians on the trip. The volunteers value the direct interactions they have with patients and enjoy feeling useful with their skills (Withers, Browner, and Aghaloo 2013). While it is common for pre-medical students to want to have experience with medical treatment before medical school, these medical outreach trips should not be a opportunity for undergraduate students to perform medical skills that they would not be permitted to complete in the United States (Wallace 2012). The local health care workers and volunteers should not be using double standards for acceptable medical behavior, as the community members in developing countries deserve as much respect as do patients in the United States (Langowski and Iltis 2011). Therefore, students can have enthusiasm for shadowing medical professionals on the trip, but they should understand their limited skills and not perform clinical tasks.

While many want to “make a difference,” the very use of this phrase implies that the local community they are working in cannot effect their own change. Essentially, the community needs foreign volunteers to come in to be the impetus for change and development

(McGloin and Georgeou 2015). Voluntourism promotes a 'geography of need' that is advertised as simply requiring the labor and enthusiasm of non-skilled volunteers (Simpson 2004). This neocolonial assumption implies that ignorant Western volunteers can improve developing communities better than the locals (Brown and Hall 2008). While some approaches are more becoming more participatory-based, development is still seen as something that can be 'done' from the outside through voluntourism (Simpson 2004).

In order for volunteers to feel that their help is necessary, they have to believe that the benefiting communities are the needy 'have-nots' that require aid from the 'haves'. These overly simplified binaries of 'us/them' promotes an image of the 'third world other' (Simpson 2004). The success of voluntourism occurs through selling an experience that "capitalizes on altruism while drawing on the notion of difference embedded in development" (Vodopivec and Jaffe 2011). However, few volunteers question how these differences have occurred as inequality is sometimes just chalked up to luck instead of dependency theory (Simpson 2004). Dependency theory is based on the argument that "development and underdevelopment are two sides of the same coin: wealth requires poverty." Voluntourism can be seen as part of this neoliberal system as it plays into the inequality that reinforces and is reinforced by the power relations of two separate, culturally distinct regions (McGloin and Georgeou 2015). Basically, the argument is suggesting that the Western intention of helping underlying voluntourism can be viewed as not only humanitarian, but also colonialist.

The critical theory of development discussed has dominated many narratives of voluntourism, but another perspective exists that instead focuses on the international understanding that can occur during these trips. "These goals [of international understanding and intercultural learning] have the most potential to strengthen global civil society, promote

inclusive participation, and, why not, motivate the alternatives to development aid that many critical theorists have imagined.” Mutual intercultural learning is undermined when the goal of development aid is prioritized by voluntourism trips. While long-term volunteers have the ability to focus on development aid, short-term volunteers that do the same tend to be faced with negative outcomes such as Eurocentricism and role ambiguity. The close cultural contact and space for reflection that is available to short-term volunteers provide an advantageous environment for them to focus on building reciprocal relations (Palacios 2010).

At its worst, voluntourism can be seen as imperialist, paternalistic charity. However, at its best, one can argue that international volunteering “has the potential to challenge the economic and technical focus of globalization in favor of people connecting and relating with each other on a global scale.” Volunteers can exchange technical skills, knowledge, and cross-cultural experience with people they meet in the community that they work in. Through their work, volunteers have the ability to learn much about the South from their relationships with communities and bring this non-stereotypical knowledge back to their home communities. When they return home, volunteers can be an advocate for the South and raise awareness of the unequal power relations discussed (Devereux 2008).

Conclusion

While there are benefits to medical missions, there are also many critiques that need to be taken into account when justifying the need for medical missions. In order for a medical brigade to be deemed ethical, it must follow the following principles: community collaboration, cultural sensitivity, sustainable change, comprehensive medical outreach and treatment, and evaluation. In this next chapter, I will compare how Global Brigades’ actions and values compare to these ethical principles. However, even if a brigade follows these ethical principles, some critics argue

that medical brigades are still not justified since they can be seen as another form of colonialism. The medical brigades play into the inequality that has occurred through development theory. Conversely, other scholars argue that this difference between volunteers and community members should be celebrated and used as a way to have international understanding and intercultural learning. In the fourth chapter, I will explore/examine how Global Brigades employees and student volunteers think that Global Brigades interacts with unskilled workers, voluntourism, and dependency/colonialism.

Chapter 3: Comparing Global Brigades to the Ethical Principles of Medical Outreach

In this chapter, I will evaluate how Global Brigades compares to the ethical principles that should guide medical volunteerism in the literature review: community collaboration, cultural sensitivity, sustainable change, comprehensive medical outreach and treatment, and evaluation. The goal is to evaluate what parts of Global Brigades are deemed as ethical and which parts still need to be improved. I will use a combination of interviews with Global Brigades leaders, volunteers, and community members to explore this question as well as basic information learned through GB online resources and participant observation. Global Brigades also has their own values that they deem to be important: empowerment, holistic approach, sustainability, scalability, financial transparency, and collaboration. I will discuss how these values fit into and compare to the ethical principles as well.

Community Collaboration

Global Brigades' value of collaboration fits under the principle of community collaboration as both are addressing the need for the brigades to work with community members instead of having a domineering approach. Global Brigades defines collaboration as "facilitating a 'partnership' approach that make any act of 'service' empowering"(Global Brigades Campus Chairperson Conference 2015) Collaboration is key to having an effective organization because community members need to feel that their needs are being addressed successfully and they have a say in their future.

In order to understand how Global Brigades enters into communities and collaborates with community leadership in Honduras, I conducted an interview with Ben Erker, Global Brigades Honduras Program Manager. He says that Global Brigades Honduras receives requests from communities to come work with them.

“We have such a positive and wide ranging reputation in the region that we work in that we actually get a lot of requests. We don’t like to ignore them and work solely on statistics because one of our base values of the organization, or the base value, is empowerment and we like to follow up on the requests of those communities that reach out to us and want to partner with us because we understand it is a partnership and it is not just requested assistance or donation. We do partner and there is a lot of buy in that we require from communities so communities that express interest in developing that relationship we try to respect.”

Once Global Brigades Honduras receives a request from a community, they schedule a visit in the community for the GB Monitoring and Evaluation Team to perform a rapid needs assessment. The assessment is a form that is filled out through a meeting between the GB Team and the community leaders (varies between communities but could consist of local nurses, teachers, town council members, president, community bank members, water council members) that involves discussing the community’s interests and needs. GB looks for communities that have interest in collaborating with them, the feasibility and need to implement the holistic model, and road access and security. If a community does not need the holistic model (medical, public health, water, business), then the community cannot be worked in. Once a community meets the necessary parameters, GB starts running medical brigades in the community to build trust and get a better understanding of the health needs present. These communities will continue to receive medical brigades every 4-6 months, but they are put on the waitlist for further implementing the holistic model. Once GB sustainably transitions out of a previous community, then a “spot” opens up on their schedule and they can enter a new community with the holistic model. They start the holistic model in a community through running water and business brigades simultaneously because water and money is needed before implementing the public health model. GB works with the community town councils and any other committees that are already present based on partnerships with earlier NGOs or the government to create the GB

Water Council and the GB Basic Sanitation Committee. The GB Water Council is in charge of operating, maintaining, and administrating the water system from the water brigade. The GB Sanitation Committee is in charge of sanitation and education follow up in homes, education in the community, supporting public health brigades in the community, and running the community bank from business brigades. GB also always tries to work with local nurses and teachers if they are present in order to strengthen ties between the community and medical brigades (Erker 2015).

I also talked with Heriberto, the Global Brigades Public Health Coordinator in Nicaragua, in order to understand if the same process occurs within Global Brigades Nicaragua. Since Nicaragua is the newest country GB has started working in, GB does not receive as many requests from communities as they do in Honduras. Therefore, GB uses the knowledge of the in-country staff, made up of local community members, to determine which communities in Nicaragua would likely benefit from working with Global Brigades. From there, GB staff enters into these communities, asks for the community leaders, and introduces what GB could do for the community. If the community leaders like what GB has to offer then Heriberto and his co-coordinator, Alex, add the community to the list of possible communities that GB can work with. The needs assessment of potential communities is performed differently in Nicaragua than Honduras. Through the summer internship program in Nicaragua, GB interns conduct community surveys and family surveys in these potential communities in order to present to the GB staff the strengths and weaknesses of working with each community. Once the interns present their research, GB staff decides which community would benefit the most from public health brigades (not the holistic model since Nicaragua is still working on adding water and business brigades). Global Brigades Nicaragua looks for communities that have strong

leadership, willingness to work with GB, road access/safety, and the need for public health projects (Heriberto 2015).

Once a community has been selected, GB contacts the community leaders and they arrange a meeting with everyone in the community. Heriberto and Alex explain the public health projects to the community members and the requirements/conditions of receiving a sanitary station (able to pay 10% of cost of project and provide labor). If the community wants to continue working with Global Brigades, then GB has the community vote on community members that will be the leaders on the Global Brigades Basic Sanitation Committee. There is no GB Water Council in these communities like in Honduras because water brigades are not running fully in Nicaragua yet. The community leaders selected for the GB Basic Sanitation Committee undergo 120 hours of training with Global Brigades so they can fully understand the organization and adequately serve as liaisons between the GB staff and communities. Alex and Heriberto work with the Basic Sanitation Committee to decide which families will receive a sanitation station and in what order. Typically, Global Brigades works with 90% of the households in the communities. Unlike Honduras, GB Nicaragua starts with public health brigades in communities since the water and business brigades are slowly starting to occur in Nicaragua. Once public health brigades are finished in a community and another needs assessment has occurred, GB uses the money they collected from family members for the public health projects (10% of the overall cost) to start a business project in the community through business brigades (Heriberto 2015).

Global Brigades prides itself on working with communities instead of telling the communities what is best for them. Dr. Nelson, the Leader of GB Nicaragua, discusses what makes Global Brigades different from other organizations:

“Global Brigades is different because we need the collaboration of others. We don’t go there and we do the work for them. We work with them and we need to work with other institutions. We are aware of that because some organizations are not aware of that. They need the collaboration and the help of other actors. So we are aware and we are aware also of our interdependence. It is not bad to depend on others” (Antonio 2015).

Another perspective of Global Brigade’s value of collaboration comes from the Nicaraguan Internship Coordinator, Jairo. Jairo is from Leon, Nicaragua and started working as a translator for Global Brigades before moving on to the coordinator role. When I asked what makes Global Brigades different from other organizations that are criticized for voluntourism he stated the following:

“I have worked personally with other organizations as a translator and I am not saying and I hope not to offend anybody that is a Christian. Usually they are Christian organizations. Usually they just go to communities and what they do is just give things away. They are not like setting this path of what we do and like teaching the community, helping the community, not teaching, helping the community to become self-sufficient and we need to find leaders in the community. We go to the community and we start working with them if we find the community has a lot of leadership and we help to organize the leaders as well. But if we don’t see that willingness to work of the community, well we will not go into that community definitely. We need to find the willingness for the community to work with us hand by hand. So that’s why I think GB is so different...I moved to GB and really liked it, and they hired me actually [for the] public health program, of course [also] medical brigade, but [through] the public health [program] you can see the family contributing to our work as well and we are not just giving things away and that for me is really important because they are appreciating more of what they have and they are learning that we are working together and that GB is not giving things out but is making a partnership with the community. For me that is the importance and the difference of GB(Jairo 2015).”

A third perspective comes from Global Brigades volunteers:

Acadia University Global Brigades Chairperson: “I think they’ve nailed [collaboration] with their partnership approach. They never provide projects that are unwanted or to communities that have not requested their help”(Roberts 2016).

University of North Carolina at Chapel Hill Global Public Health Brigades President: “[Global Brigades] ensures that communities are dedicated to GB’s programs and values. Trains community members and leaders. Stays in constant communication with communities and designs programs that allow students to work along side community members” (Pao 2016).

Based on my experience with Global Brigades, I believe this is the principle that they follow the most closely. While I was conducting family and community surveys on my internship in Nicaragua, I was able to witness how much the community members appreciate Global Brigades and want them to implement more programs in the community. I met with community leaders to discuss their needs and saw how excited they were when they realized Global Brigades could work to address these. We never entered a community that did not want us there. Actually, all the communities we entered had community leaders present to show us whom to interview for needs assessment and evidently had strong relationships with GB staff already. Every family that I have built a public health project with has worked alongside my fellow brigaders and me. We are mixing concrete together and sharing stories. I truly don't believe that these communities would not be so welcoming and desiring to work with Global Brigades if GB was not focused on partnering with them.

I also think that Global Brigades' value of empowerment belongs under this category of community collaboration. GB defines empowerment as "creating an infrastructure that propels passion to meaningful results" (Global Brigades Campus Chairperson Conference 2015). GB's mission is "to **empower** volunteers and under-resourced communities to resolve global health and economic disparities and inspire all involved to collaboratively work towards an equal world" (Vision & Mission | Global Brigades n.d.). The passion of both brigaders and community members can turn into successful results when they collaborate together with GB.

Sustainable Change

Sustainability is essential to an effective and ethical medical brigade as temporary relief does not help health and well being of community members to change. Global brigades' Holistic

Model and Sustainable Transition Plan are what Global Brigades offers to meet sustainable change. As noted in the literature review, sustainable trips need more than just medical outreach. Ideally, social determinants of health are addressed through measures that focus on prevention and public health and ongoing relationships with communities allow community members to learn how to continue with the sustainable change.

According to Global Brigades, their value of holistic development “is a global development theory and methodology that suggests that sustainable change can be accomplished when a community's health, economic, and educational *systems* are collectively developed or improved together(Our Model n.d.).” While medical brigades are the first brigade to enter a community and are an essential part to Global Brigades’ Model, GB believes that medical brigades by themselves are not holistic or sustainable. They need to be incorporated in a system of other brigades in order to address multiple determinants of health.

As Dr. Nelson Antonio Lugo Marengo, the Leader of GB Nicaragua, claims,

“Many of you or most of you can criticize why we are doing a medical brigade. This is not sustainable. What happens when we leave the community? We are in the community only for 3 days but what happens then. It is not the complete solution but it is part of the solution. I will tell you why. Medical Brigades is not sustainable, but it is part of a sustainable model.”

Dr. Nelson uses a metaphor by comparing medical brigades to getting a cup of coffee with an acquaintance. The medical brigades are the first contact that Global Brigades has with the community and allows for time to be shared between the GB staff and the community members. The time shared together allows for the community members to build trust with Global Brigades since the organization is providing consistent essential medical care to them. Dr. Nelson believes the medical brigades help the GB staff dispel any preconceptions they might have about the community and encourages GB and the communities to learn each other’s needs and assets. For

instance, through medical brigades, GB can learn what the major health issues are in the communities in order to discover if they can be solved through public health measures (Antonio 2015).

As part of the Global Brigades Holistic Model, water brigades, public health brigades, and business brigades accompany medical brigades once a community becomes holistic. The holistic model was born out of the obvious need for measures that would prevent the diseases that Global Brigades was seeing in communities on medical brigades. Ben Erker discusses this:

“We had volunteers on Medical Brigades seeing...preventable diseases and illnesses as a result of extreme poverty and basic public health and infrastructure issues like clean water, in home sanitation and hygiene infrastructure. So we started these other programs to start trying to prevent some of the illnesses we were seeing on medical brigades and that basically became what is now what we call our holistic model. It wasn't something that we ended up thinking was going to be our official model. It was very organic and grassroots and was born out of what we were literally doing in the field. We did not plan it and then go do it. We did it and then little by little we added a program here and started doing water projects and then we said okay well extreme poverty is always an issue so we added microfinance. Okay with this microfinance in here that's helping to develop new businesses. People have clean water but they don't have a place to store it and they don't have proper bathrooms and they are getting sick from cooking over an open fire so let's add this public health component. All of these things happened one after another and we ended up deciding, we ended up realizing the best way for us to work in a community was to go look for community partners that have this holistic need and a lot of interest in working with us and where we could really work as a team implementing all of these programs and doing all the necessary education and training and empowering community members in all facets of their community development so that in the end we weren't doing what we were doing before basically which was doing one program and not having it be as successful as we wanted it to be because of all the impacts of all the other types of problems. Eventually we started calling it the holistic model (Erker 2015)”.

Since the Holistic Model allows Global Brigades to address the economic and public health problems in a community, then the underlying issues that are causing poor health are being addressed sustainably. Health concerns can actually improve within a community because public health brigades are implementing sanitation stations, water brigades are providing clean water, and business brigades are setting up community banks to provide access to loans and capital. The

brigades separated from each other are not successful as they only focus on one issue, but when the brigades are all put together, they prove to be sustainable. The Acadia University Global Brigades Chairperson echoes this sentiment:

“Compared to other organizations, GB places a larger emphasis on the sustainability of their projects, and using a partnership approach so that student volunteers and community members are on equal footing. I think if you look at any individual brigade, it may seem similar to other traditional short-term volunteer organizations, but through the lens of the holistic model, GB sets itself apart in a positive way” (Roberts 2016).

Global Brigades defines their value of sustainability as “perpetuating positive impact (Global Brigades Campus Chairperson Conference 2015).” Global Brigades agrees that a one-week brigade is not considered sustainable on its own. However, “it is Global Brigades' size (thousands of students), scale (nine programs with local technicians), and focus (one community at a time) that has created a model for sustainability.” The work of each one-week brigade builds off of the work of the previous brigades. For example, Global Brigades states “it may take up to 15 Water Brigades, made up of chapters across the world, to complete a full-scale water system to nearly 1,000 Honduran community members”(Our Model n.d.). One of the co-founders of Global Brigades, Duffy Casey, describes the system like a bicycle wheel with each brigade serving metaphorically as a spoke. As the spoke comes around and hits the ground, it is that brigade's turn to be in communities. But as the wheel rotates, it is the turn of the brigade behind that one to pick up where they left off in the communities (Global Brigades Campus Chairperson Conference 2015).

On top of these continuous brigades, Global Brigades employ local technicians and community members to design and carry out projects year-round with or without students present. Global Brigades employs almost one hundred staff and local technicians who work with community-based committees in the countries it works within all year. Therefore, the brigaders'

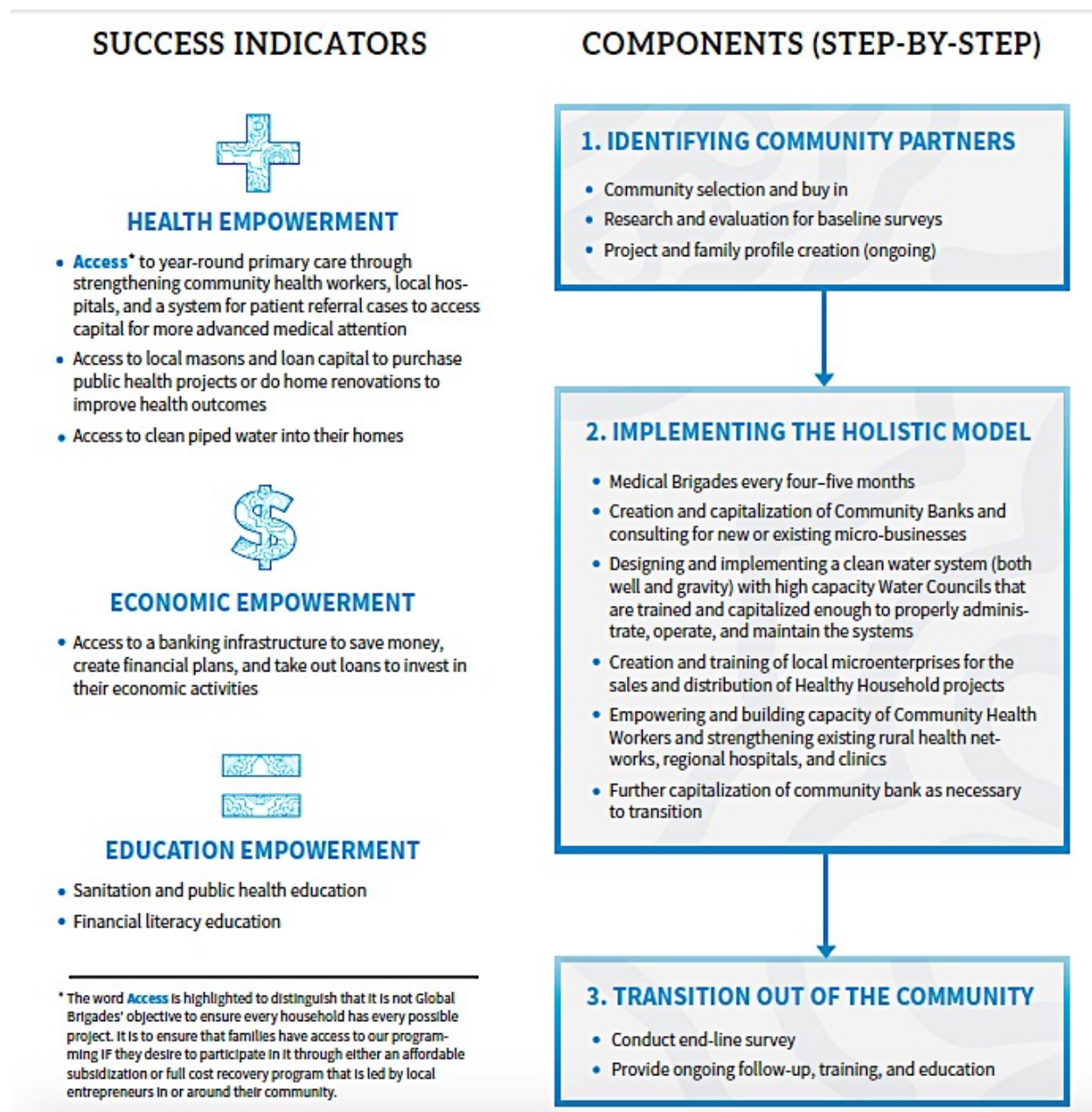
time in-country and donations help the already established in-country teams have extra resources and hands to work on the projects(Our Model n.d.).

Global Brigades' goal is to work with communities to reach their core health & development goals through their nine programs, so that eventually GB transitions its communities to no longer needing the support of brigades. Each country has a Sustainable Transition Plan that involves health, education, and economics empowerment. Ben Erker, Honduras Program Manager, stresses that the Sustainable Transition Plan is not set in stone and depends on what feedback GB gets from student volunteers and community members as well as what new programs are implemented.

“[The sustainable transition plan] is ever-involving, as is the holistic model, which is very important. That should be in your first sentence. Nothing is set in stone. We are a development organization. We are relatively young. On the grand scheme of things all development organizations are relatively young since international development has only been a concept for a few decades. We are on the even younger scale of that. We are constantly learning. The holistic model was born out of us doing things that made sense and what the communities wanted and then we called it the holistic model. The sustainable transition plan is similar. We started thinking about okay if we are going to keep doing brigades in all these communities for the rest of time, we are never going to impact anymore communities in Honduras so we need a way to have a start and ‘finish’ (Erker 2015)”.

The following is the Sustainable Transition Plan for Honduras and Nicaragua with the components of the plan and the indicators that deem it successful(Global Brigades' Holistic Model n.d.). In summary, a community needs to have the community health worker program (discussed later), access to clean water through a clean water project that GB built or supported or repaired, access to public health infrastructure projects if desired by individuals, access to a community bank that is capitalized with the ability to offer saving accounts and loans, and a new initiative that involves a pharmacy microenterprise. The pharmacy microenterprise is still in the pilot stages so it is not on the diagram below, but the goal is to be able to provide community

members access to their medications in the community itself. The money the community members pay for their medications will be used to pay for a physician to come to the community once a month to offer paid consultations. Therefore, medical brigades will not need to run in communities anymore because the community will have community health workers, a pharmacy, and the ability to see a physician monthly (Erker 2015).



Once Global Brigades sustainably transitions from a community, GB stops sending brigades and material assistance and focuses on supporting local leadership. It is not an exit or a goodbye, but just a relationship change. GB's technicians and in-country teams schedule occasional visits to meet with community leaders, check up on health and water infrastructure, and consult on different initiatives. Through the Sustainable Transition Plan, communities are empowered to take charge of their own development (Sustainable Transition Fund n.d.).

Global Brigades transitioned from their first community in Honduras, Zurzular, in 2012 and is expected to transition from a total of 10 communities in 2015. In order to speed up this process, Global Brigades has a Sustainable Transition Fund (STF) that volunteers can donate to with their excess funds raised. The money from the STF is used towards:

1. **Clean Water Initiatives** to finish current water projects faster or build wells in communities where the Water Brigades gravity system is not possible.
2. **Microfinance Initiatives** to provide seed money in community-owned banks so that families have access to loans for public health projects (latrines, eco-stoves, etc.) and can invest in their economic goals (Sustainable Transition Fund n.d.).

It is essential that Global Brigades sustainably transition out of the communities not only for the communities to feel empowered, but also so that Global Brigades has more time in their schedule to enter new communities and start the holistic model there. Ben Erker explains how the holistic model and sustainable transition plan work together to create this success:

“Whenever we can finish the holistic model in a community and sustainably transition out of it, basically which means where our relationship changes from okay we are no longer going to do brigades in this community, it has all the holistic model programs implemented, has everything in place for them to sustain themselves we are just going to go into a phase of doing follow up with them. So we go every six months where the technicians can check out the different projects, follow up with community bank and make sure they are running it correctly, there is something available for people to do. Get access to loan and savings that they need to continue growing financially in the

community and that all their infrastructure and health projects are working. And with that, that is basically the method we use in order to open up that let's say next spot on the community list. It's really important to us to implement and finish holistic model in communities so we can then sustainably transition out of them and then enter further holistic model communities" (Erker 2015).

Comprehensive Medical Outreach and Treatment

The critiques of medical outreach trips discussed in the literature review are that they only provide acute care, offer no follow-up care, have no prevention efforts, create Western dependency, and do not administer pharmaceuticals properly. Therefore, an ethical medical brigade would have multiple visits to community, relationships with local health care workers, prevention efforts, health education, and follow up care.

Multiple visits and follow up care:

Medical brigades visit the same communities every 4-6 months. This span of time was determined by the GB doctors to be a good average for citizens to get check ups. Also, Global Brigades is able to provide medication to community members for up to 6 months (Erker 2015). However, in order for community members to have consistent access to healthcare, Global Brigades has implemented the Community Health Workers Program and Patient Referral Program to compliment the Medical Brigades. The GB Community Health Workers (CHWs) Program in Honduras currently has 89 CHWs that are spread out amongst six regions. An estimated 20-25 communities make up these six regions. The CHWs work in groups of 10-15 people corresponding to a central health center in the region that communities can visit. The CHWs are volunteers that undergo an evaluation program and are selected by GB staff depending on who has the most potential (Erker 2015). They receive six months of training from GB and provide basic medical care, monitor chronic conditions and medications, tend to emergencies, and serve as point persons for any healthcare issues in their community year-round.

They are trained in first aid and wound care, treatment of tropical diseases, STD transmission and prevention, family planning, nutrition, hygiene, and other topics depending on the need of the region. The Nicaragua government already has a CHW Program in place so GB is working with the Ministry of Health to strengthen the training and funds for the program(Global Medical Brigades Methodology n.d.).

For patients that need more assistance than what Medical Brigades and Community Health Workers can provide, Global Brigades has a Patient Referral Program. If a patient is suffering from an emergency case, then they are taken immediately from the brigade to the nearest health clinic. If a patient requires non-urgent follow-up after a brigade, then a GB physician gives the patient a referral form on the brigade that guarantees the patient an appointment at the nearest health clinic or hospital. GB follows up with these patients through the Patient Referral Program in order to assess if the further consultation was completed and if more care is needed. If more care is needed, then GB encourages medical chapters to sponsor patients in order to raise money for the patients to receive the necessary care they need(Global Medical Brigades Methodology n.d.).

Global Brigades' Data Informatics System is important to medical follow-up because it serves as the electronic patient record system. At the last station of the brigade, students will input the information on the patients' sheets after they have visited intake, triage, and consultation. Therefore, when the brigade comes to the community the next time, the GB physician can review the patients' digital forms to see what they were treated for last time and what has or has not changed. The data also allows GB to find health trends in the communities to determine which type of brigades (water, public health, business) should be prioritized to alleviate the current problems (Medical Program Essentials n.d.) .

I believe that the medical outreach and treatment of Global Brigades is partially comprehensive. While the CHWs program is a great idea, it is only in 20-25 communities in Honduras. Honduras serves anywhere from 100-120 communities at any given time so most communities do not have the CHW program. Although Ben Erker acknowledged that GB is trying to triple their efforts in getting CHWs trained, there are not enough currently to meet the communities' needs (Erker 2015). Based off of personal experience on two medical brigades in Nicaragua, I have seen the Patient Referral Program in work, but not the Data Informatics System. I believe the Patient Referral Program helps to refer patients for further follow up and emergencies. For instance, a patient severely ill with tuberculosis visited our brigade and was quickly transferred to the nearest health clinic. However, I do not think it is overall that effective because even if patients are guaranteed an appointment at the nearest clinic, it is still a very far walk from their house most of time and costs too much. Therefore, I think the GB CHW program is essential and needs to spread to further communities in Honduras. GB also needs to prioritize working with the Nicaragua Ministry of Health to strengthen their CHW program. In terms of the Data Informatics System, I know that it is used in Honduras and Panama based off of my fellow brigaders experiences. Yet, the GB system was not used in Nicaragua when I was there. One of the medical brigades that I went on was held at a health post so the local nurses employed there had forms that they were filling out (such as height, weight, etc) when the patients were waiting in line to see GB physicians. Then, we, the volunteers, also filled out a huge paper form with the names, diagnoses, and treatments of all the patients we saw to give to the clinic. So at least some data was being recorded for follow-up. It just was not through the GB Data Informatics System.

Prevention Efforts and Health Education:

Prevention efforts have already been discussed through the implementation of the GB holistic model. However, health education is an important part of brigades. After a patient goes through the intake station to receive a Patient Form, triage station to have their symptoms and vitals recorded, consultation station to be diagnosed and prescribed medications, they will go to the education station while their prescriptions are being processed at the pharmacy. There is an adult charla or ‘chat’ and a children’s charla. The children’s charla is fun and interactive while discussing proper hygiene practices (such as brushing their teeth correctly, washing their hands, and eating healthy). The adult’s charla is more serious and discusses how to prevent the most common diseases, such as STD’s, parasites, etc (Medical Program Essentials n.d.).

Based off of personal experience, the children’s charla works well during the first day of the brigade. The children pay attention, sing the songs, and learn. However, generally the same kids come to the brigade every day to just hang out with the volunteers since the brigade is in the same community all three days. Therefore, children’s charla really just becomes recess at some point with games of tag, red rover, etc. I suppose this is fine since the children get the information at some point.

However, the adult charla can really go either way. Sometimes the adults will come listen, but most of the time they either are not interested or opt not to go to the charla station and just go straight to pick up their prescriptions at the pharmacies. I’ve also been on brigade when there was not even an adult charla station offered because the GB translators were busy translating for volunteers in different stations and no volunteers had strong enough Spanish skills to run the charla alone. Since health education is so important, I think that the adult charla should be offered consistently on every brigade and GB should hire an additional translator on brigades to conduct this station. I think that community members would respect the information more and

want to learn if it was coming from a local instead of some Western student with sub-par Spanish skills.

Relationship with local health care workers:

Global Brigades has relationships with local health care workers and hospitals that the community members visit year round. The organization intentionally pairs with the local clinics because they do not want to be the only healthcare being provided to community members. Ben Erker describes the avoidance of Western dependency:

“We don’t want to be the sole source of health care and create an overwhelming amount of dependency in these communities because one, we would be having to do medical brigades in each community on a monthly basis, which would be way too much and we would not be able cover impact in the amount of communities that we would like to. It would decrease our impact a lot. We want to be supplementing what people have access to and also, not creating a culture in which they are only waiting for a medical brigade to show up. We really want to create a culture where we go in with medical brigades and give immediate relief and support that all our communities need and then set up our holistic model by installing things like community health workers and a new initiative we are starting up which is going to be a pharmacy in the community, a little microenterprise that will have access to basic medication and chronic medication for the patients in the community so we can eventually do that sustainable transition and not be going to the community through medical brigades anymore. And through our holistic model have left the infrastructure behind to cover the healthcare needs of the communities” (Erker 2015).

During my internship, we visited with health care workers in the communities Global Brigades work with to discuss their relationship with Global Brigades. At the hospital in San Rafael del Norte, they stated that the patients that Global Brigades identifies as needing follow-up care come to their hospital. They serve 21,000 people with 9 doctors and 22 nurses. The health care worker stated that Global Medical Brigades is very nice and useful because the brigades go to the communities directly and the community members do not have to pay to travel to the hospital. The brigades help the San Rafael del Norte Hospital because they see patients every 4-6 months and offload the amount of people that need to go to the hospital. The health care worker also

noted that the community members appreciate that the brigade gives out pap smears and offers medicine that the hospital does not have. The community members go to the brigades because they think they are good quality since they are from the United States. However, the health care worker claims that the community members do not rely on brigades and will visit the hospital if necessary throughout the year (San Rafael Del Norte Hospital Interview 2015).

I also discussed the importance of Medical Brigades when meeting with the Director of the Health Center in Jinotega, another community GB works in. The Director stated,

“The brigades that you are bringing are important for the health center and the communities because we are able to serve those communities where sometimes we have a difficult access to or sometimes where we might find more pregnant women and children in need. When the brigade is about to come, we always try to coordinate with the workers of GB. We tell the people a brigade is coming so that people can come to the brigade(Jinotega Health Center Interview 2015)”.

When conducting family surveys in the GB community El Naranjo, I was able to talk to community members about their opinions on Medical Brigades. One family stated that they would like more medical brigades even though there is a health post close by in El Naranjo that they visit. They believe the brigades bring better help and better medicine to El Naranjo. The family explained that the health post has a care model that involved doctors visiting each household, but they don't come consistently. Another woman I surveyed claimed she likes the Medical Brigades because they came when the doctors were not in El Naranjo. She thinks the brigade really benefited her health because it provided her with medicine she needed. The last family I surveyed in El Naranjo echoed similar statements. They were beyond thankful for the 4-5 medical brigades that GB has sent to El Naranjo. They said that all 5 family members have attended the brigade and showed us that they still had medicine from the last medical brigade that they were taking. They said Global Medical Brigades are essential because they give their family enough medicine to last in between brigades. They do not think the El Naranjo Health

Center has enough medications and complains that it is only open every two weeks(El Naranjo Family Survey Interviews 2015).

Based off of personal experiences, I do not believe that GB community members intentionally try to depend on medical brigades solely for healthcare. However, I think community members greatly appreciate the access to medications. Every health post and clinic we visited on the internship complained that they did not have enough medications and this need was clearly evident when we looked at their pharmacy. The health care workers told us the Nicaraguan government was responsible for giving them the correct amount of medications monthly, but they failed to do so. I could never really figure out why this happened, just as I could not determine why the health centers were not open consistently when they were supposed to be. Therefore, I think that the community members try to get healthcare elsewhere, it is just offered in limited supplies and sometimes with poor quality. So while Global Brigades intention is to provide medical relief, it seems they are providing a lot more than that. The Nicaraguan government needs to improve the quality and access of their government healthcare or else the Nicaraguan citizens will be forced to rely on medical briage clinics that are not set up to provide this type of support.

Cultural Sensitivity

Each brigade is required to undergo a Pre-Brigade and On-Brigade Curriculum that helps the brigaders prepare for their brigade mentally beforehand and have reflections while on the brigade at night. The curriculum focus on the history and culture of the country that brigade the brigade will be travelling to. It also focuses on the specific program the brigade is focused on (medical, public health, business, etc). For example, medical brigaders learn about barriers to healthcare in Latin America, local perception of humanitarian healthcare, triage practices, and

critiques of voluntourism. In general, the curriculum helps expose the brigaders to Global Brigades history, its holistic model, and sustainable transition plan as well as help brigaders plan their children's charla (discussed previously). The Education Chair of the Brigade is required to present these six lesson plans to the brigaders during meetings before the brigade (Global Brigades Curriculum n.d.). While this is the first year that the curriculum has been "required," it has been highly encouraged in the past. I believe the curriculum helps to empower the brigaders and successfully "increase brigader impact and experience on the brigade (Chapter Engagement and Education n.d.)." However, I think the curriculum could focus more on the sociopolitical context of the communities, how to respect cultural norms, and teaching Spanish. Since the curriculum is so new, its effectiveness really depends on the leadership of the brigades. For example, if brigade presidents do the bare minimum of the curriculum, then their brigaders won't be as culturally sensitive as brigades that meet every week to practice Spanish, have done the curriculum, and have even added more lessons on history and culture. Is this Global Brigades responsibility? The Acadia University GB Chairperson does not believe so:

"[The education of volunteers] varies based on the chapter, but not at the fault of GB as they have extensive materials available for students, health care professionals, etc. The GB curriculum should focus on culture, the holistic model, developing critical thinking skills in its volunteers, and criticisms (so that students can both question what their doing and defend it)" (Roberts 2016).

She thinks that GB has offered the best materials, but brigade leaders are not using them properly to inform brigaders. While the UNC-Chapel Hill GB Public Health President believes that GB has worked to provide more resources for brigades, she does not think GB should put so much of the education responsibility on the presidents of brigades:

"Global Brigades has been constantly changing in response to criticisms such as students lack of knowledge on the country they volunteer in. They have provided more resources such as lesson plans and videos to better educate students prior to brigades. This

education is now mandatory for all brigaders. Personally, I would criticize GB for not finding a way to directly connect with brigaders year round. GB heavily relies on chapter presidents to keep brigaders engaged. I would like to see GB find a way to create a year round experience rather than just a one week experience” (Pao 2016).

So while the GB curriculum is the step in the right direction for brigaders to be more culturally informed of the communities they are working in, GB should provide a way to make sure this education is standardized across all brigades. A former brigader listed this as an area for Global Brigades to improve upon:

“Try to make sure that all chapters are run in a more similar fashion/on the same page. The differences in brigader education and experience are huge depending on how chapters are run” (Maxwell 2016).

In terms of Western health professionals on the brigades that are unfamiliar with the community they are working in, foreign volunteer physicians are given a Healthcare Professional Packet before they arrive that contains common diseases and illnesses in the brigade country (Mengebier 2015). The consultation guidelines are given to provide the physicians with “an idea of the kinds of issues that will be faced and for suggestions on how to best treat patients”(Healthcare Professional Information Packet n.d.). There are also local physicians that work on the Medical Brigades that can be used as a resource if needed. If the foreign doctor does not speak Spanish, a local translator is always provided. At least 2 translators are hired for each GB Medical Brigade and the group has the option to hire additional translators if needed (Mengebier 2015).

Evaluation

Evaluation is an extremely important part of medical brigades in order to be sure that the work is actually successful and to determine what harms are occurring, if any. While I am aware that Global Brigades has a Research and Evaluation Team, I have never been able to see what

their data looks like. I have reached out to the Global Brigades International Team several times for this information, but have been denied or ignored. I was almost granted access to the baseline data from one community and Seasonal Programming Report made by the GB Panama Community Development Program Associate, but I was ultimately denied approval from a supervisor. I am not sure the reasoning behind this move as different conclusions can be drawn about motives. However, from what I can tell based on personal experience and research, Global Brigades does their evaluation through asking community leaders if they are content with their work and if the GB projects meet the success indicators of the Sustainable Transition Plan described earlier. For example, during the internship in Nicaragua, I visited a community named El Hatillo that GB has finished public health projects in. 1,700 brigade volunteers have visited El Hatillo and built public health sanitation stations and concrete floors for 67 houses. Only 2 houses were not helped in the community due to “personal reasons.” However, Global Brigades has not done any follow up in El Hatillo on the public health projects to see if common disease prevalence has lowered since implementation. And Alex, the Global Brigades Public Health Coordinator in Nicaragua, did not seem to be too concerned about this fact since the community leaders said everything was going smoothly so far. In order for GB to begin implementing Business Brigades in El Hatillo (to make it a holistic community), Heriberto, Alex’s partner, says they have to do another community survey of El Hatillo to see where the community stands and what needs they have for business brigades. Heriberto explains that they can’t use the same community survey they performed during the rapid needs assessment because the community has changed since then from the public health brigades. So while technically an evaluation with data has not occurred, the community members are being surveyed and the community leaders are giving their input. (Centeno 2015).

The local treasurer on the GB El Hatillo Basic Sanitation Committee discussed in the introduction has claimed that GB has transformed her home in a great way. Before GB arrived in El Hatillo, she had dirt in her home, utilized a rock for washing, and used an outside restroom surrounded in plastic. Now with the sanitation station and concrete floor installed, the pila (sink for washing) and restroom are inside. Mira believes the Public Health Brigade has changed here life by bettering her family's hygiene. There are less ticks, dirt, and insects inside their home. She is especially grateful to GB because she has a poor family that could not afford all the materials to fix her home by herself. With the help of GB, she only had to pay 10% of the cost of the public health project (Mira 2015). Obviously, this story would make GB believe that their public health projects are working.

When my intern group was performing family surveys in the El Naranjo community to determine if houses were ready for public health projects, I was able to ask families what they thought of Global Brigades as part of an evaluation. I met a man who lets the GB El Naranjo Basic Sanitation Committee conduct their meetings at his house. He stated that the committee members talk about the students and how they want to thank them because they have come to make the community better. The committee believes that Global Brigades has made the community more beautiful than it was originally and has really helped the health of everyone in El Naranjo. The man himself is very happy with Global Brigades. He had heard a rumor that Global Brigades was not going to come back and was disappointed so he was very excited to see us in his community (El Naranjo Family Survey Interviews 2015).

Another family in the El Naranjo community stated that Global Brigades was a "blessing from God" and they would really like to have a sanitation station and concrete floors from Global Brigades. They believe that Global Brigades has made a huge impact on El Naranjo and

think that everyone in the community has the same opinion. The parents said they “wished Global Brigades would never leave.” Their only complaint about Global Brigades was that it could increase the amount and speed of the brigades. But they said they couldn’t really complain about this since they are grateful for all that Global Brigades has done in the community(El Naranjo Family Survey Interviews 2015).

Based on these family survey interviews, it does seem that the Nicaraguan communities are happy with Global Brigades work. However, I still believe that GB should be doing research using data to determine if health has gotten better. GB might be doing this now, but it is hard to know since they are not transparent with their research and evaluation findings.

Financial Accountability and Scalability

Financial accountability and scalability are the last two values from Global Brigades that were not included under the essential ethical principles of medical outreach. Financial accountability is defined as “demonstrating efficient resource usage” (Global Brigades Campus Chairperson Conference 2015). Global Brigades is audited every year and provides videos of the CEO going through the budget and how it was spent every year. The following diagram is where the Program Contribution of each brigader goes to within the Global Brigades organization. The Program Contribution is \$950 for Honduras and Nicaragua 9-Day Brigades, \$850 for Nicaragua 7-Day Brigades, and \$890 for Panama 7-Day Brigades (Program Contributions n.d.).

Where Does Your Program Contribution Go?

Below is a sample breakdown of the program contributions per country. The Honduras program contribution is used as an example:

- **Brigade logistics (53%)**
Includes lodging, food, GB staff, transportation, pharmacy utilities, compound expenses, compounds staff, warehouse assistants, extra medicine and medical/dental equipment, etc.
- **Project continuation and sustainable transitions (18%)**
Includes Community Development/R&E staff, community follow-up, data informatics system patient referral system, community health workers (CHW) program, etc.
- **In-country administration (16%)**
Includes office fees, staff salaries, etc.
- **GB Association (13%)**
Includes international programming, student leadership conferences, etc.

However, from my knowledge, there is not an overseeing organization that GB reports to in terms of how their projects are going. In fact, Ben Erker, Honduras Program Manager, stated that Global Brigades financial model is what makes it effective. Since the money for GB's programs is coming from student volunteers, Erker says GB is able to "keep overhead low and [they] don't have to put a lot of resources into meeting those donor needs" because student volunteers are "to be perfectly honest less demanding than the average donor." So essentially, the student volunteers that fund GB hold it accountable, but GB takes advantage of the fact that students are not demanding (Erker 2015).

Scalability is defined as "creating replicable systems that maximize impact" (Global Brigades Campus Chairperson Conference 2015). Essentially, the GB Holistic Model and Sustainable Transition Plan were created in Honduras but have been replicated in Nicaragua successfully. Global Brigades does not want to have random models they follow in different communities. Once they have found a model that works, they stick to it and apply it to the other communities in the area. However, sometimes they change their systems depending on the context. For example, Honduras Public Health Brigades builds clean-burning stoves for

communities, but Nicaragua Public Health Brigades do not since another organization already does this in the area (Centeno 2015).

Conclusion

Global Brigades meets some of the ethical principles that should guide medical outreach, but needs improvement in others. Global Brigades' bread and butter is community collaboration and sustainable change. The value of empowerment, holistic model, and sustainable transition plans help Global Brigades meet these ethical principles. In terms of cultural sensitivity, Global Brigades needs to strengthen the presence of its Pre-Brigade curriculum so that all chapters are preparing their volunteers appropriately. When discussing comprehensive medical outreach, Global Brigades should continue working with local health clinics and addressing social determinants of health. However, it needs to scale up its Community Healthcare Worker program and Data Informatics program. Global Brigades also needs to ensure that the adult charla is actually being taught on brigades and the patients are paying attention to it. The hardest principle to judge was evaluation since I was denied data from the GB Research and Evaluation Team. I suggest that Global Brigades keeps asking for feedback through community members and starts to collect health data if they aren't already doing so.

Chapter 4: Comparing Global Brigades to Common Medical Outreach Critiques

Within this chapter, I will analyze how Global Brigades fares when comparing it to common critiques of the medical missions model. The first set of critiques focus on the role of student volunteers on medical missions instead of local technicians and what actions students can complete. The second set of critiques concentrate on the role that medical missions play in voluntourism. The third set of critiques emphasizes the role of colonialism, dependency, and “othering” play in Global Brigades. Through discussing student volunteer, voluntourism, and colonialism critiques of Global Brigades, I conclude that Global Brigades is not a completely ethical organization. Some critiques are valid and some actions cause it to fall under the voluntourism category. However, it appears that Global Brigades is open to these critiques and is always adapting itself to address them.

Student Volunteer Critiques

Why are students good volunteers for brigades?

As noted in the literature review, there is a critique of using unskilled volunteers for the basis of work on these trips. The lack of training is perceived as harmful. While Global Brigades admits that they are aware of the limitations of using students, they also believe them to be vital to their organization. Ben Erker discusses how limitations do not stop Global Brigades from using students to create success:

“We try to set [the students] up for the greatest success and the most amount of impact they can despite obvious cultural, language, and sort of educational limitations. Which are there, I admit, we admit that we are definitely aware of it but it doesn’t prevent us from collectively reaching our goal”

Global Brigades say they use students as one of two stakeholders (the other is community members) because they are “the most motivated kind of person to travel to another country and be humble and ready to learn from the experience.” They believe that students will better help to

empower community members and vice versa(Answering the Tough Questions n.d.). While Global Brigades wants students to make an impact working with communities, they also want to use student volunteers in order to create future leaders in the field of international development.

Ben Erker discusses these two main impacts:

“There are two main impacts that are made on any given brigade. One of which, I think every student sees and is really the only side the students really focuses on which is okay, I want to go help, I want to go work in a community, I want to make an impact. That is extremely important and they do it regardless of the program they are working on. But also as an organization we are trying to develop leaders in international development. We are trying to give university students a life changing experience, open people’s eyes, allow them to learn about the ins and outs of development, getting to an actual development project or program on the ground. And so, that is a big influence and impact that we also see as having as an organization that oftentimes, your average student volunteer doesn’t necessarily see because their focus, and very justified, is on okay, I want to go help the community that I am going to work in next week” (Erker 2015).

The GB interns on my internship program in Nicaragua realized this second impact of GB that Ben Erker discusses. They acknowledged that participating in brigades/volunteer trips as students will help them be more inclined to participate later when they are experienced professionals. They also believe that these brigades help students become more culturally aware in a good way(Global Brigades Institute Group 2015a).

The GB student volunteers that I talked to about brigades are also conscious of the fact that they are not completely skilled, but they point out that the GB local masons will make sure that the projects on public health brigades are built properly so no harm is done.

“The local masons and technicians always ensure that the projects are done correctly”(Pao 2016).

“Students are constantly supervised to ensure the best care and structures possible”(Maxwell 2016).

“The medical care is being provided by professionals, while students are mainly there to learn and provide the financing so that community members can have access to the care. As for public health, in my experience the local technicians are fantastic at making sure

students are doing things correctly. They don't allow mistakes to go uncorrected" (Roberts 2016).

Then, logically, the next question would be why does GB not just hire technicians/professionals or accept sent money from students?

GB claims, "Our organization is based on collaboration and exchange of ideas. If students only send money, this exchange cannot happen." They point out that community members feel isolated since many of them cannot travel so they enjoy having a cultural exchange with students on brigades (Answering the Tough Questions n.d.). The UNC-CH Public Health Brigade President agrees with this statement:

"It is important that students work in community so that there is a cultural exchange and so both the community and students can be inspired to be better individuals and leaders" (Pao 2016).

As well as the Education Chair for UNC-CH GB:

"I still struggle with justifying our work sometimes because it is incredible how much they could benefit from the money we spend going down, but I think it's worth it because we bring smiles, women empowerment, and care to communities that are basically cut off from the rest of the world" (Johnson 2016).

The Acadia University GB Chairperson takes this sentiment one step forward by claiming community members are motivated from seeing students work in their community:

"When I get this question, I love to bring up the buzzword EMPOWERMENT. By bringing in student volunteers (to work WITH local technicians), community members see that other people are invested in helping them improve their quality of life, and I think this can serve as an additional motivator to seek better infrastructure and improved health" (Roberts 2016).

Student volunteers are necessary to GB because they are the biggest donors to the organization. GB could literally not run as a non-profit if they did not receive funds from students. So the in-country GB staff (including technicians, masons, drivers, translators, coordinators) are all employed locals, but the majority of volunteers are students. Essentially,

brigades that are funded by students create local job creation. Former brigaders highlights this fact:

“GB employs many locals who are responsible for helping to coordinate brigades and make connections with communities, as well as hiring community members to help with the projects. For GB to be as successful as they are they need university students to continue to pay for this experience, that is how they can have the greatest impact” (Maxwell 2016).

“GB hires locals through their non-student programs (e.g., Community Health Workers, local masons, doctors, pharmacists, community banks, etc) and brigades like Business provide increased capital that help boost local micro enterprises that improve local employment and economy” (Roberts 2016).

The GB interns on my program also discussed this question and believed that students would not just send money to GB unless they got to experience the trips that were funded by their money (Global Brigades Institute Group 2015a). So not only is GB receiving funding from student volunteers, but they are using this funding to hire local workers.

What can students do on the brigades?

Ethical issues can arise when students overstep their boundaries and perform medical tasks on patients because they are not supervised or physicians wrongfully encourage them. However, most students are aware that the role on medical brigades in the consultation station is just to shadow physicians and not to perform medical tasks. A former brigader stated that an essential part to any brigade was making sure students were not acting with misconduct:

“Do not have untrained students performing procedures that would result in a malpractice suit in developed countries. Not GB’s fault necessarily, but they need to be sure the doctors and dentists they hire do not allow this either” (Maxwell 2016).

The following is what students are and are not allowed to do on medical brigades according to the Global Brigades Student Participation Guide (Nicaragua Medical Brigades Student Participation Guide n.d.):

Intake: Obtain patient information and submit it into Data Informatics System

Triage: Take height, weight, blood pressure, and temperature; assist with glucose tests without touching contaminated needles if there is a nurse or healthcare professional in pre-clinic; ask patients about symptoms and medical history

Consultation: Observe patient care with no more than 2-3 students at a time and with a healthcare professional; converse with patients; track patient records; ask doctors questions about the patient; pass sterilized instruments to the healthcare professionals

Adult and Children Charla: distribute hygiene packets; explain importance of good health

Pharmacy: Count and sort medications & fill prescriptions & converse with patients under pharmacist's supervision

Students CANNOT: Touch contaminated instruments from a procedure; Be in contact with needles, syringes, or sharp instruments, physically touch or handle a patient; make any diagnoses or carry out any treatments

Through my experience on brigades, I have never seen any volunteers performing clinical tasks on patients. However, I have seen these guidelines not followed. For example, students have loaded syringes with needles in the dental station and students have performed glucose tests without healthcare professionals present. Neither of these actions were deemed harmful at the time and continued as normal throughout the three days of the brigade. I think if brigaders were aware they were not supposed to perform these actions they would stop, but we were never told we were doing anything wrong. It actually was not until I read these policies for my thesis research that I realized we technically did not follow the guidelines. Overall, Global Brigades does a good job at making sure student volunteers stay within their role and not take advantage of the fact that they are unsupervised in a foreign country.

Voluntourism Critiques

What are student volunteers' motives for going on brigades and how does this affect the ethics of a brigade?

While many student volunteers want to help others, they also originally go on brigades for personal reasons such as putting the experience on their resume, getting to travel, wanting to have clinical shadowing experience, etc. Once brigaders are actually on their trip, many of them make connections with local community members and become more altruistic in their actions.

“When I first joined, I wanted the experience for my resume as a pre-med student and also I wanted to travel. After my first brigade, however, I fell in love with the intentions of the program and saw the benefits of our work without any repercussions like what go along with Toms or free mosquito nets. Many medical brigaders go through revelations like my own and realize there's more to what we do than shadow doctors—especially on the public health days. Our reflections at night prove this because throughout the week conversations get more insightful” (Johnson 2016).

“I'm not particularly proud of my initial motivations for joining GB. My school initially offered only a medical brigade and I will admit that I joined because I thought it would be great experience to add to my resume for medical school applications. Obviously I was motivated by the opportunity to help those in under resourced areas as well, as I think many volunteers are. I think many people are intrinsically motivated to help those they perceive as less fortunate than them and that this serves as a primary motivator for volunteers. However, the brigade experience itself is also for personal benefit (it feels nice to help, it's a fun experience in general, etc). One thing I will say about motives is that in my experience, the reason people go for the first time and the reason many students return for subsequent brigades is often different. I return to Honduras each year in a leadership position because I want other students to be able to have the same experience that I did and have the opportunity to appreciate development work through the sustainable, partnership approach that the GB model allows for. I've internalized a lot of GB's values and want to share them with other students as well (for their benefit and for the benefit of increased volunteer numbers to make the local projects happen)” (Roberts 2016).

“My motive behind my first brigade was to gain insight into the health field, be productive during my spring break by making an impact in a community, and experience a new culture. My motive behind my second brigade was to revisit my old friends from the year before, continue being a role model in a community, and continue supporting an organization that I believed was sustainable and impactful. On my third brigade, my motive was to test how my relationships made with the community and GB would endure time and distance, and to create an inspiring/awakening experience for the brigaders that I led” (Pao 2016).

“It takes coming here to realize how much you can learn from other people that are so different from you. I thought I was coming down like the first time and I was going to be a huge help but I took away so much more than I ever expected just from meeting people and I don’t even speak Spanish. It didn’t have to do with the language. It was just seeing people and their relationships and understanding how their family is so important” (Global Brigades Institute Group 2015b).

Not all volunteers alter their motives though, as one GB intern noted that she went on a brigade that had some volunteers change to more selfless intentions and others that remained self-serving and remained focused on their resume. The concern is that volunteers who do not have good motives will cause ethical harms on the brigade. A former brigader noted that this is possible:

“Volunteers can really prevent ethical brigade conduct if not well-intentioned. They may not take the time to talk to locals, may not conduct themselves in a respectful manner, may be lazy on brigade, etc” (Maxwell 2016).

However, other brigaders disagree or state that the brigade intentionally encourages people to change their motives to more ethical ones:

“At the beginning of the week, yes, [volunteer’s desires overshadow the desires of host communities] but it is clear that students realize the importance even more throughout the week as they interact with the community members and see more of the holistic model” (Johnson 2016).

“Those who go on a brigade for professional experience could potentially create unethical situations; however, GB is very good about clarifying what brigaders are and are not allowed to do and prohibit students from doing tasks they are unqualified to do. I think [the volunteers’ desires] can affect the attitude of a person but not overshadow the needs of a host community. I also think it’s ok for students to have these personal desires at the beginning, because often times the brigade experience makes these desires become forgotten and changes brigader perspectives to be focused on community impact. The brigade is a process that leads to a perspective shift” (Pao 2016).

Why not address local issues instead of going on brigades that address foreign issues?

The Global Brigades Intern Group in Nicaragua discussed how working abroad and addressing local needs are not mutually exclusive and students can easily do both. They also stated that if they have the privilege to go to another country to help people, then why would

they not take that opportunity? As long as student volunteers volunteer abroad knowing that there is need back home, the interns did not have a problem with international work (Global Brigades Institute Group 2015b). Also, Global Brigades has formed a partnership with United Way to encourage student brigaders to volunteer in their local community throughout the year while not on brigade (Global Brigades Campus Chairperson Conference 2015).

What are critiques that address service trips and volunteer opportunities? Do these critiques apply to Global Brigades?

Some critiques that the Global Brigades Intern Group brought up were that service trips could be seen as a band-aid fix and too short to contribute to sustainability. The volunteers are untrained or unqualified (especially student volunteers) and are taking away jobs from local workers. The projects implemented do not address the needs of the communities and they only tackle symptoms instead of root causes. The trips create a sense of dependency when they give free things away. Volunteers just go on the trips to put it on their resumes, to change their Facebook profile picture, to spread their own personal agenda, or to “help the poor” with a savior complex (Global Brigades Institute Group 2015b). Former brigaders address the common critiques of brigades and their opinion on the accuracy:

“I have either heard or voiced criticisms towards GB in just about every capacity. Why send unskilled students when you can pay local professionals to do the work and provide local jobs? Can students actually have an impact with their minimal skills? Wouldn't it be better to just send money? What about the HUGE carbon footprint that comes from sending students to Central America? Are we exploiting rural communities by having students intrude for their own learning experience? The list goes on. I do not agree with the majority of criticisms associated with sending students abroad, because I think GB is structured in such a way to avoid many of the negative impacts. For example, there is a strong focus on both student learning AND local citizen learning and empowerment. GB reacts to criticism head on. A quick search on their website provides a list of the common criticisms they receive and their responses to them. Their staff (including CEO Steve Atamian) is extremely receptive to criticisms, and when legitimate, GB always makes efforts to adapt and improve their model. The most recent example of this can be seen with their recently launched partnership with ALCON in Panama to help fund tree

planting in an effort to decrease the environmental impact that air travel has when sending thousands of students abroad” (Roberts 2016)

“[One criticism is] university students looking to boost their extracurriculars/CVs with no understanding of the culture or communities they are entering and cannot properly communicate in the local languages. [This] criticism depends on the person and the chapter leadership. If a student and/or chapter is well informed they are less likely to go into the experience for the wrong reasons. GB engages with its critics, always trying to see all points of view in order to improve their approach as an organization.” (Maxwell 2016).

From personal experience, I believe Global Brigades does do a good job of welcoming critiques and addressing valid ones with new techniques and solutions. As Ben Erker stated, the organization is ever-evolving with the intention of becoming more ethical.

How does voluntourism relate to Global Brigades?

The GB Intern Group discussed how GB could be perceived as a voluntourism organization, but it actually is not one because it is sustainable, works with communities instead of for communities, and empowers the students and community members. Global Brigades asks communities what their needs are and forms partnerships through the holistic model (Global Brigades Institute Group 2015b). The GB Nicaragua Program Associate discussed how GB is consistently improving sustainability. For example, the microfinance brigades were added to the holistic model and involve local technicians meeting with the rural community banks five days a week to make sure they are up to date on training (Global Brigades Institute Group 2015c).

Several of the former brigaders and current brigade leaders I talked to agreed with this sentiment, that GB is not a voluntourism organization.

“GB is not a voluntourism organization because students participate in GB for the experience of the brigade rather than for vacation. Students use their vacation time to volunteer but they are not vacationing while they volunteer. Sometimes GB will take students on small field trips like to the local market, wild life reservation, hiking path, or small beach; however, even this does not make GB voluntourism because the purpose of taking groups on these field trips is to expose them to the richness of the country they are in. They are supposed to help students better understand their country’s culture and tell

the parts of the countrys' stories that western media fails to show. These field trips are not planned and not included in the itinerary unlike other programs who include tourist attractions and activities in their program from the beginning. Other programs also use these attractions as a way to advertise and attract participants whereas GB uses their mission and sustainable model to draw in students" (Pao 2016).

"I don't think GB is voluntourism because we don't see all of the sights of the country—each day we go to and from a community and see the country from the bus. We don't go "cool" places each day or have much free time during our short week abroad—we focus on helping the people in communities and have maybe one day to see something in the country so we are able to understand the culture and the people. That's it." (Johnson 2016)

"Short answer is no, but GB does capitalize on the millennial desire to change the world, sometimes marketing itself as a voluntourism trip. However, there are not usually tourist activities incorporated into a brigade. GB takes the time to ensure volunteers have the opportunity to be properly educated about the country, culture, and work they will be doing. GB works alongside community members to create sustainable change – not only do they treat patients for disease, but they also implement preventative projects, which are crucial to the success of the communities. In summary: GB works with community members to become better informed about community needs and to implement projects in communities. GB works for sustainable development by improving social, cultural, economic, and health-related circumstances" (Maxwell 2016).

However, another intern and GB Chapter President of Acadia Univeristy argued that GB is a voluntourism organization.

"I would say that yes, GB is a voluntourism organization- but I do not associate this with the traditional negative connotations associated with the term. Anyone travelling to a new country (whether intending to help or just explore) is engaging in tourism. However, the preparation and education that brigaders receive about their brigade country both before and during their brigade allows this to be done in a (mostly) non-exploitive way. They get to learn about a new country while also making a positive impact through their volunteer work, and I think this makes it voluntourism in the best way possible" (Roberts 2016).

Similarly, Ben Erker, the GB Program Officer of Development in Honduras, commented on how Global Brigades is related to voluntoursim:

"We don't have any tourism components to our programming so that immediately separates us. We don't like spend half the week working on a development project and half the week at the beach or whatever the case may be. We eliminated anything like that. We are purely focused, every second of the brigade we can, we dedicate towards working in the community. We strongly believe that the experience that the student is getting away from it is an important part of the impact we are having as an organization on the

future of development and just shaping the way that, even if we just shape a little bit or tweak peoples career path or personal paths to become more involved in the future and take these problems and issues they are seeing in Honduras, Panama, Nicaragua more into account in their day to day lives in the future then I think we are having a huge impact. You can call it voluntourism but ultimately it is getting people into this situation where it is a learning environment and an eye opening experience. That by itself is impactful. But then what we do, and this is the biggest argument against why we are not just a voluntourism country is that we are making impact. We don't go into random communities with a random idea of what we want to do...Students are working with a very well defined development model and working within that with a team of experts on the ground implementing something like the holistic model in communities. That goes beyond a lot of what similar organizations or potentially what could be seen as similar organizations might be doing that we would call voluntourism.”(Erker 2015)

Luke Namer, the former GB Creative Manager, agreed that GB can fall into the voluntoursim category sometimes with a large amount of people going into communities for a small amount of time. However, he points out that GB is different from other voluntourism organizations because the community leaders are actually from the community and local technicians are constantly working in the communities all year long with or without students. Mainly, Luke believes GB differs because of its ability to be dynamic. Since students run GB and there is high rotation among this setup, GB is able to adapt. For example, GB received feedback that they were imposing their ideas first, giving out too many handouts, and could have a saviourism approach. Therefore, they created ways to listen to communities, get their feedback, and created microfinance brigades that could finance the projects instead of giving out handouts (Namer 2015).

What are some benefits of Global Brigades?

Although I have discussed the benefits of Global Brigades in terms of logistics throughout this thesis, I wanted to highlight the narratives of brigaders describing what they find to be the most beneficial from Global Brigades.

“Volunteers become more culturally and socially aware, and may learn to recognize their privilege or recognize it differently. Volunteers form great relationships with community members, staff, and other brigaders and make connections with other like-minded individuals. Communities have less disease and better socioeconomic success after these projects are implemented” (Maxwell 2016).

“I have witnessed many benefits from GB. The first and most important is the cultural exchange. Many people have difficulty justifying paying a significant sum of money to volunteer in a foreign country rather than making a direct donation because the masons and community members can do the job much more efficiently and quickly. However, if students do not come and work in community, there is no cultural exchange. The communities would not be exposed to things such as working women, other races, and English as often if students did not come into community. While in community, I and other students use our time with the community members to talk, learn each others stories, and challenge stereotypes. Both sides learn about the similarities about each others cultures and often prove each other’s stereotypes to be wrong or incomplete. Both sides also serve as role models for each other, especially women. When female students come into community and demonstrate their physical strength and intelligence, it is empowering for the women in the community of any age. Women in community start to find more confident in themselves, and men begin to realize the capabilities of women. In addition, students are role models and teachers for the younger generation. During my most recent brigade in March 2016, I befriended a 12 year old girl who spoke some English to me. I asked her where she was learning how to speak English. Was it school? Your parents? No, she was learning English from listening to the students who came into community. The community kids who would visit us every day would also pick up a shovel and attempt to mimic what we were doing. They befriended us, asked us questions, and made the effort to try the things we did. Students also serve as motivation for the community members. During my water brigade, the masons and sanitation committee leaders told me they are more motivated when students work with them in community. It’s more fun and entertaining for them because brigades is an experience for both the community and the students. We often forget that the communities are a part of the brigade too. They may not be paying in dollars but they pay in hospitality and friendship. Global Brigades provides an experience that no dollar amount or direct donation could ever provide” (Pao 2016).

“Through GB I have seen children gain confidence and smile when they realize people out in the world away from their own communities care about their wellbeing. I have seen women be empowered after seeing us females do physical labor and I have seen community members be empowered to learn how to serve as health care workers instead of stuck in the house or as agricultural workers” (Johnson 2016).

What does Global Brigades need to do to improve?

The GB Intern Group believes GB should work to make sure that there are opportunities for volunteers to have critical discussions on voluntourism. Student volunteers should have a

more informed and socially conscious mentality and understand the importance of humility (Global Brigades Institute Group 2015b). There are still volunteers that come on the brigades that think their ultimate goal is to give out as many medications as possible and go through patients quickly. These students do not see the perspective of collaboration and education (Global Brigades Institute Group 2015a). The GB Intern Group and GB Nicaragua Program Associate discussed how this improvement could occur through chapter leadership. The GB executive board at each university needs to make sure that the Pre-Brigade and On-Brigade Curriculum is actually being implemented because topics include voluntourism, ethics, etc. There is sometimes a problem with brigaders not wanting to do the required on- brigade reflections because they want to have fun. The GB coordinators/staff are scared to force the brigaders to do their reflections because they do not want to get a bad review. Therefore, some brigades do not have critical discussions on voluntourism and are still left with a poor savior mindset after the brigade.

However, the GB Intern Group also raised concerns about the GB coordinators not discussing the GB holistic model or going into detail about what GB does. Even if reflections are had, they sometimes only focus on the highs and lows of the day instead of discussing cultural impacts. While the interns have noticed improvements over the years, they gave feedback that the reflections should have more information about GB, voluntourism, etc instead of just what a great day the brigade had. According to the GB Nicaragua Program Associate, they have received this feedback from other GB chapter presidents and in the future, she will visit each brigade once during on-brigade reflection to discuss the GB Holistic Model and give more of a background on the other brigades that are involved in the communities the brigades are working in (Global Brigades Institute Group 2015c).

On a similar note to the topics discussed above, a former brigader states that GB needs to “try to make sure that all chapters are run in a more similar fashion/on the same page. The differences in brigader education and experience are huge depending on how chapters are run” (Maxwell 2016). Many of the ethical issues discussed honestly comes down to the individuals on each brigade and the mindsets they have before, during, and after working with communities.

Colonialism Critiques

Is GB another form of colonialism?

During discussion, the GB interns briefly touched on the involvement of the U.S. colonialism in Nicaragua. The GB advisor that facilitated the discussion stated that her Nicaraguan friend asked why GB implements projects as their ‘fix’ when America has been the one to have a huge hand in the economic and political life in Nicaragua from the get go. He believed the GB projects could be good work, but they will not stop the broader systems in play that are taking advantage of the Nicaraguan poverty. Therefore, the interns discussed if grass-roots service work is the way to attack the problem of poverty or if it makes more sense to get involved at the policy level. Many of the interns believed it is hard to be inserted into this long history and to know if they have the right to assert themselves. The group honestly could not really come to an answer on this, but concluded it was good to have these discussions instead of serving blindly (Global Brigades Institute Group 2015b).

When I asked this same question to other former brigaders, some really struggled to come up with an answer as well. One said plainly, “probably in some ways, but I hope not” (Roberts 2016). Another admitted they had not thought enough about the question to give a good answer, but attempted to explain how they felt:

“I would like to think that it isn’t. Volunteers work alongside community members. GB employs local staff. This is a tough one. By offering communities a service or services

they need, GB does hold power and create a sense of dominance. I think it is important that there are locals employed by GB, so it isn't all about white people with power" (Maxwell 2016).

During the pre-brigade curriculum, GB discusses this topic as part of the criticisms it receives. GB believes it is important to think about the colonial relationships between North America, Europe, and Latin America. However, they state, "We are not taking resources or exploiting people. We only work with communities that request to work with us and partner with them to achieve their health and development goals." GB points out that their goal is to transition out of communities so they can grow without GB (Answering the Tough Questions n.d.). Two other former brigaders agree:

"No, it is not imposing itself on communities. In fact, communities come to GB because they know of the impact it can make. GB never enters a community unless they are invited and unless the community demonstrates its commitment to GB's programs and values" (Pao 2016).

"NOOOOO—we do not push our cultural views at all, and we are bringing advancements THEY ask us for. Providing water and medical care is not taking over their government or cultural practices at all" (Johnson 2016).

Is GB imposing Western culture on these communities?

Similar to colonialism, many critics believe that voluntourism causes Latin American communities to lose their culture. However, Luke Namer, former Creative Manager at GB, claims that this argument in itself is paternalistic. He spent time in the GB Panamanian communities and asked the community members there what their opinions were of GB.

"Because they are kind of making it out to seem that a rural community in Panama is that vulnerable, that they have no ability themselves in a globalized world to say no or that they are kind of putting their words in their mouth already by saying like oh yeah you are exploiting them by bringing public health to their country. When I talked to a lot of locals they were like no, like we understand what you are doing, I mean honestly like the biggest threats that we have to our culture is often like hydroelectric dams or our kids getting hooked on Coca-Cola and stuff like that. I mean when a couple volunteers come here and an NGO comes here, yeah sometimes there is like a clumsy foreigner who can't

speak Spanish and trips over all of our stuff in the community but for the most part like we have a good discourse with them and we actually feel a lot of pride in letting them know our culture. Also another aspect is that a lot of communities told me like listen, with our income we don't get to travel as much so for us honestly this is some of the only cross-culture exchanges that we are privileged to and I guess in doing that, they have a lot of pride as I was saying in depicting their culture" (Namer 2015).

GB's own view on this topic is that they "believe [they] are addressing basic human rights, not forcing beliefs on communities." They point out that community members are not forced to participate in projects as they have to buy-in to them to even participate in the first place(Answering the Tough Questions n.d.). Not surprisingly, Steve Atamian, the CEO of Global Brigades, believes the same thing:

"Professors think that the people are going to manipulated by Western culture, but we need to recognize how strong and independent this people are and how strong their culture is; they just need these basic needs to improve their quality of life a little bit. Interviews of them wanting these students and wanting these projects is the important voice. It's not us saying we want to go do that project. We have been invited into these communities. They are wanting these projects to get done. And the students, whether the teachers or whoever likes it or not, for Global Brigades' model the students and the funds they bring down are the things that are going to get those projects done. But it's [the brigaders] responsibility to be a strong voice for those people and not paint them as these weak people that are ready to be saved but as independent, successive farmers in the middle of really, the middle of nowhere in a lot of these cases, that have been sustaining their cultures and their livelihoods for the last hundreds of years that just want a clean water project, just want a latrine, just want to have access to a hundred dollars for their loans so they can triple their family's income."

So essentially the argument is that by believing Global Brigades is imposing Western culture on these communities, then one is not granting and acknowledging the agency that these communities have to keep their own culture.

What are students' obligations as outsiders entering communities to do service work?

Themes discussed by the GB Interns were collaboration, listening, understanding their culture (cultural relevancy), and the partnership approach (solidarity rather than charity). It is important to make sure students are informed about the organization they are working with and

they feel that their presence is ethical and justified. Another key point discussed is the importance of students becoming global universal citizens that are educated on the broader structures of politics and economics that play a factor in the issues that the organization is trying to address. The GB advisor who facilitated the discussion highlighted that “a great opportunity turns into voluntourism when you just go and are having this great time and you do not invest in the history and culture of the place you are going; investing time in the community members.” The volunteer needs to be aware of the context they are stepping into as the mindset behind one’s work has power. Many interns felt that volunteers should not view themselves as heroes or saviors, but instead they should have humility. The Acadia University Chairperson discusses what how they address the “white savior complex” at their school:

“That’s something we always try to do with our brigaders. We literally have an entire meeting that is titled ‘you are not heroes’ and we talk about how we are going down there to help and do what you can but we are also going down there to learn from the community members...It is hard to break that mentality until someone has been down and sees the work we are doing” (Global Brigades Institute Group 2015b).

In what ways do student’s backgrounds serve as lens for this type of experience?

The interns discussed how they we all come from different backgrounds so we all see these trips differently. One intern stated, “It hits home being here just because I do have central American descent and my dad did go through all of this. I have known this my whole life and I come here really often. It helps me understand and relate to them a lot more.” However, another intern stated that these trips always present a moral dilemma for her:

“My moral dilemma is I don’t always know why I feel like I have any right to do these type of volunteer trips because my family is not particularly wealthy but we also have not struggled horribly, I grew up in a good neighborhood, I got a really great education and still am and I am like so privileged so all the time I am like what am I doing here, this isn’t fair, I struggle with it all the time”

I think at the core of the dilemma is whether it is okay to use people's harsh realities in other countries as a learning experience. While some interns stated that they hesitate participating in certain service trips because they are portrayed like a showcase, others make the case that the people want to share their culture and are proud to show student volunteers where they live.

“I feel like people on some level want to share their culture. It could seem that they are showcasing all of this but at the same time...on my last brigade, people were proud to show us where they live and introduce us to their family.”

Ultimately, the discussion led towards the agreement that it comes down to the character of each volunteer and if they choose to connect with community members or not (Global Brigades Institute Group 2015b).

I also had the same conversation with former brigaders who all agreed it was definitely a hard question. Three of them believe that it is okay to use other cultures and people as learning experience as long as the motives are respectable:

“I think yes because many students have goals to work for WHO and other policy making orgs, so we need to know about more health care systems than just what we see in the US” (Johnson 2016).

“The best way to learn is from each other. That's why discussion is so important. So yes, it's ok to use other cultures/people as a learning experience as long as they are willing to teach and talk to you because it's a learning experience for the other side too” (Pao 2016).

“I think that in our society that is the only way to grow as a person and to be successful. It may be selfish to attempt to improve oneself, but being educated and culturally aware is critical. I think it is okay as long as the individual's intentions are good” (Maxwell 2016).

Another brigader believed this cultural exchange was ethical as long it involves two consensual, interested parties:

“In some ways I don't think it's okay. The inherent nature of students travelling into local communities (whether invited or not) is, in a sense, exploitative. We are extremely privileged that we have the opportunity to travel into these areas to experience local culture and learn about a new way of life (in a way that the community members are not able to do). However, I think they are able to learn a lot from us as well by nature of us

working alongside them and sharing our own culture, although allowing for a meaningful cultural exchange to occur relies on the initiative of volunteers to interact with the locals and share info about the culture of the US/Canada. In sum: if it's a two way cultural exchange, and both sides have a desire to learn about the other culture, it's okay in my books. When its just students exploiting local culture for their own benefit without any attempt to actually connect with locals and share their own, it's not okay"

How does international understanding relate to "othering?"

As discussed in the literature review, international understanding should be a goal for short-term medical trips. All brigaders agreed that intercultural exchange is an important part of Global Brigades:

"Yes, absolutely. International understanding is crucial in order for GB to function and exist. Without it, GB cannot form relationships with the local government, cannot deliver resources to communities, cannot develop relationships with communities, and cannot foster collaboration between students and communities" (Pao 2016)

"Absolutely. Its education programs encourage [international understanding], and the brigades themselves are designed to foster it" (Roberts 2016)

Therefore, I was curious as to how the former brigaders thought about the concept of "othering."

By making intercultural exchange such a main part of brigades, was Global Brigades subtly implying that the community members were people of "other" cultures and so different from volunteers? Was Global Brigades playing into the inequality that has occurred through development and underdevelopment? A former brigader that supports Global Brigades believes that they contribute to the "othering" somewhat since they are a development organization:

"I think any organization of this sort, even positive ones, still contribute to othering. You have your middle/upper class (probably white) kids prancing into communities and leaving when the brigade day is done (and then for good when the brigade itself is done) to go back to a nice, safe, and comfortable compound. We are the ones with power, we are the ones who bring the means to make a difference in the lives of these people. Again, this is made slightly better by the fact that we arrive with locals who work for GB and help to lessen this inequality and create some semblance of equality" (Maxwell 2016).

However, another former brigader disagrees completely. She believes that Global Brigades does a good job of undoing the “othering” of communities:

“I’d say the opposite- GB tries to reduce the impact of the “us vs them” mindset by focusing on a partnership approach. If anything, their programs allow students from developed countries to see those in developing countries as more than “poor people” in need of their help, and that they are not just the single story of poverty as depicted by the news” (Roberts 2016).

Conclusion

Global Brigades faces many critiques in regards to its student volunteers and its relationship to voluntourism and colonialism. Throughout this chapter, I have analyzed these critiques to see how they relate to Global Brigades and if they hold merit. I have determined that there are areas that Global Brigades can improve upon such as offering more opportunities for its student volunteers to become globally informed citizens with a humble mindset. However, I believe that Global Brigades is good at openly discussing the criticism they receive and making changes that reflect their mission to empower community members by working alongside them.

Chapter 5: Conclusions

Throughout this thesis, I have examined whether Global Brigades ethically strives to improve the wellbeing of the communities it serves. While there are some areas that Global Brigades can improve (such as education and evaluation), I believe that Global Brigades' holistic model serves as a good model for other development organizations to follow in the future. Medical missions alone tend to be unethical, but if other programs that focus on the social determinants of health surround them, then they can actually prove to be successful. The community collaboration and sustainable change aspects of Global Brigades should also be adopted in all development models, as these principles are key to making sure communities are prevented from harm and involved in the process.

In the end, medical brigades have the intent of helping others and I believe Global Brigades is on the right path for accomplishing this ethically. In order to have fully ethical practices, Global Brigades should strive to have more transparent evaluation processes and to put more emphasis on pre-brigade education. Global Brigades volunteers need to keep striving toward becoming global universal citizens that are socially conscious and informed of the world around them. The character of each volunteer is what drives Global Brigades to be an ethical organization. Volunteers should be open and humble with a willingness to learn from other cultures and to participate in international understanding. Global Brigades should continue to have conversations on the ethics of service work in order to address critiques of the organization head on and adapt programs if necessary.

While Global Brigades is striving towards becoming more ethical, I believe that they meet enough ethical principles currently to keep running as an organization. I believe their brigades are justified as they have helped community members to improve their wellbeing

through healthcare, public health projects, and improved economies. I'll conclude with the following statements from my fellow brigaders as to how they justify the need for Global

Brigades volunteer trips personally:

“GB volunteer trips help communities reach their health and economic goals by filling a void left by unstable government or lack of resources/access” (Roberts 2016).

“These trips make a sustainable difference in the lives of many people and in my opinion they are done in the most culturally and socially sensitive way possible” (Maxwell 2016).

“Students, specifically millennials, desire to travel the world and college students are pressured to volunteer a ton. With these trips, we get those experiences, work with incredibly inspiring and sincere people, and are able to see the difference outside of the “American bubble” to understand the importance of health care systems and the importance of public health instead of just medicine” (Johnson 2016)

“Talk to any individual who talks about a person, race, or place they have never encountered before and you will see the need for GB volunteer trips. GB not only provides developmental aid when the government can't, but it also eradicates ignorance from communities and volunteers. Talk to a community member who has received aid from GB, and you will see the need for GB volunteer trips. GB helps provide opportunity for these communities. GB gives communities just enough support to get them on their feet and running” (Pao 2016).

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